

Name
in
Full

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

MARYLAND

Died at ^{Town} Cheltenham ^{County} Pr Geo

Date of death 1907 Feb 5 Age 24 Months 3 Days

Sex Male Color or Race white Birth-place Chas Co

Occupation Telegraph Operator Where Residing if not at place of death

Married, Single or Widowed Married Name of Wife or Husband Marnie Ironshead

Father's Name John W Albritton Father's Birthplace Chas Co

Mother's Maiden Name Anne B Padgett Mother's Birthplace Chas Co

Name of person giving information Lemuel Albritton How related to deceased Brother

CAUSES OF DEATH

27

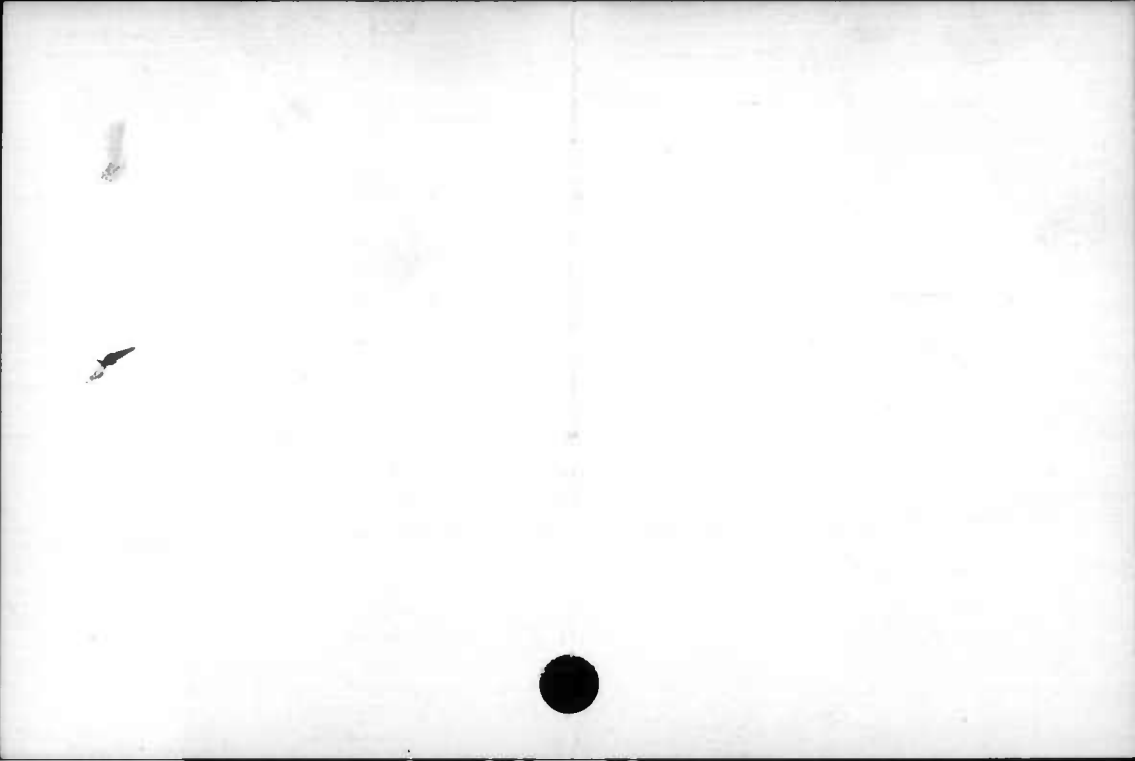
Primary Pulmonary Tuberculosis How long 2 years
Immediate Asthemia How long

Are the name, age, sex, color, date and place correctly given above? Yes

Signature of Physician W. J. Gibbons

Address Room 300

Accident or Suicide?



Name
in
Full

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Name *Maggie Allen*

Died at *Westphalia* *P* County

State *MARYLAND*

Date of death *1907* Month *2* Day *7* Age *27* Years Months Days

Sex *Female* Color or Race *Black* Birth-place *Giles Md*

Occupation *None* Where Residing if not at place of death *—*

Married, ☒ Single or ☐ Widowed *Married* Name of ~~Wife~~ Husband *Thomas Allen*

Father's Name *Harry Briggs* Father's Birthplace *Giles Md*

Mother's Maiden Name *Lizzie Herbert* Mother's Birthplace *" " Md*

Name of person giving Information *Thomas Allen* How related to deceased *Husband*

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary *Pulmonary Tuberculosis* How long *1 yrs*

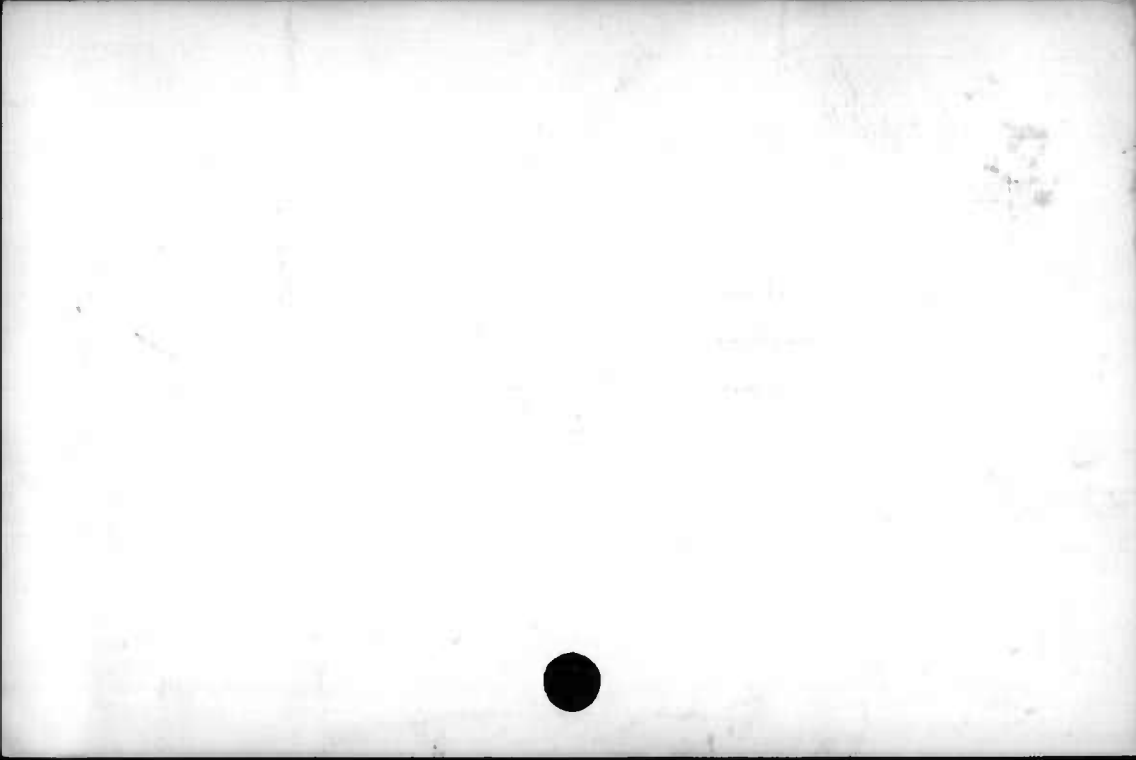
Immediate *Asthemia* How long *45 hrs.*

Are the name, age, sex, color, date and place correctly given above? *yes*

Signature of Physician *John E. Sawbush*

Address *Health Officer*

Accident or Suicide? *No Dr in attendance* *Forville Md*



Name
is
Full

CERTIFICATE OF DEATH

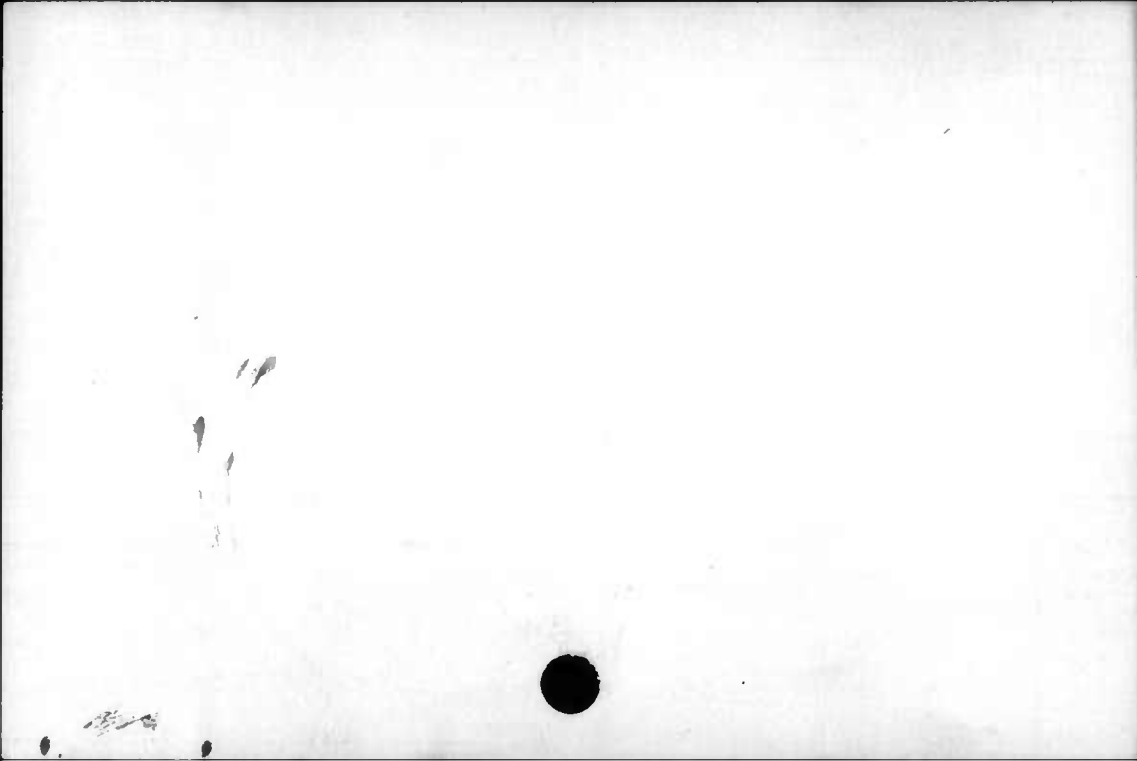
TO BE ANSWERED BY
NEAREST FRIEND

Name <i>Albert W Beans</i>		Town <i>Near Hyattsville</i>		County <i>Prince George</i>		State <i>MARYLAND</i>	
Died at		Date of death		Age		Months Days	
<i>1907</i>		<i>Feb</i>		<i>11</i>		<i>54</i>	
Sex <i>Male</i>		Color or Race <i>White</i>		Birth- place <i>Va.</i>			
Occupation <i>Unknown</i>		Where Residing if not at place of death					
Married, Single or Widowed <i>Single</i>		Name of Wife or Husband <i>—</i>					
Father's Name <i>Dont Know</i>		Father's Birthplace <i>Va</i>					
Mother's Maiden Name <i>" "</i>		Mother's Birthplace <i>Va</i>					
Name of person giving information <i>R L Cone</i>		How related to deceased <i>Friend</i>					

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary <i>Interstitial Nephritis</i>		How long <i>130</i>	How long <i>2 years</i>
Immediate <i>Uremia</i>		How long <i>24 hrs</i>	
Are the name, age, sex, color, date and place correctly given above? <i>Yes</i>		Signature of Physician <i>Samuel H. Hammers</i>	
		Address <i>Hyattsville</i>	
Accident or Suicide? <i>Neither</i>		<i>ma</i>	



Name
in
Full

Isabella Bell

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Died at Marlboro Town		County P.B.		MARYLAND	
Date of death 1907	Month July	Day 26	Age 57 Years	Months	Days
Sex Female	Color or Race Black		Birth-place P. Geo C. Md.		
Occupation Housekeeper	Where Residing if not at place of death -				
Married, Single or Widowed Married	Name of Wife or Husband William Bell				
Father's Name Benedict Landis	Father's Birthplace P. Geo C. Md.				
Mother's Maiden Name Lucinda	Mother's Birthplace " " "				
Name of person giving information William Bell	How related to deceased Husband				

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary Apoplexy	How long 6 days
Immediate	How long
Are the name, age, sex, color, date and place correctly given above? Yes	Signature of Physician J. L. Griffith
	Address Upper Marlboro Md.
Accident or Suicide?	



Name
in
Full

William Jones Burke.

CERTIFICATE OF DEATH

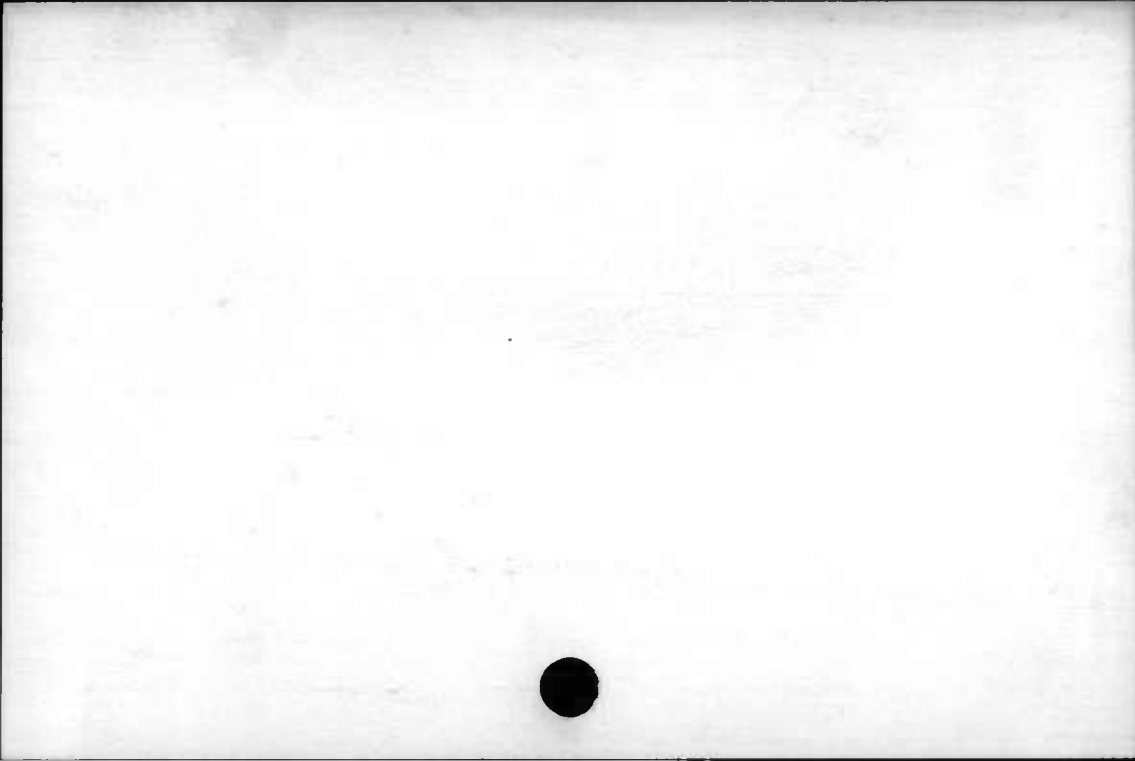
TO BE ANSWERED BY
NEAREST FRIEND

Died at		Town Near Laurel		County Pr. Geo.		MARYLAND	
Date of death	1907	Month 7	Day 27	Age 39	Years	Months	Days
Sex	Male		Color or Race	White		Birth- place	Munkak
Occupation	Farmer			Where Residing if not at place of death		Near Laurel.	
Married, Single or Widowed	Single		Name of Wife or Husband				
Father's Name	John W. Burke					Father's Birthplace	Balto Co.
Mother's Maiden Name	Elizabeth Gaither					Mother's Birthplace	A. A. Co.
Name of person giving In formation	O. L. Burke.					How related to deceased	Brother

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary	Tuberculosis		How long	3 years
Immediate	Septaemia		How long	3 mo
Are the name, age, sex, color, date and place correctly given above?		yes	Signature of Physician	
			Address	
			J. H. - Dwyer Laurel Md.	
Accident or Suicide?				



Name
in
Full

Franklin John Burroughs.

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

MARYLAND

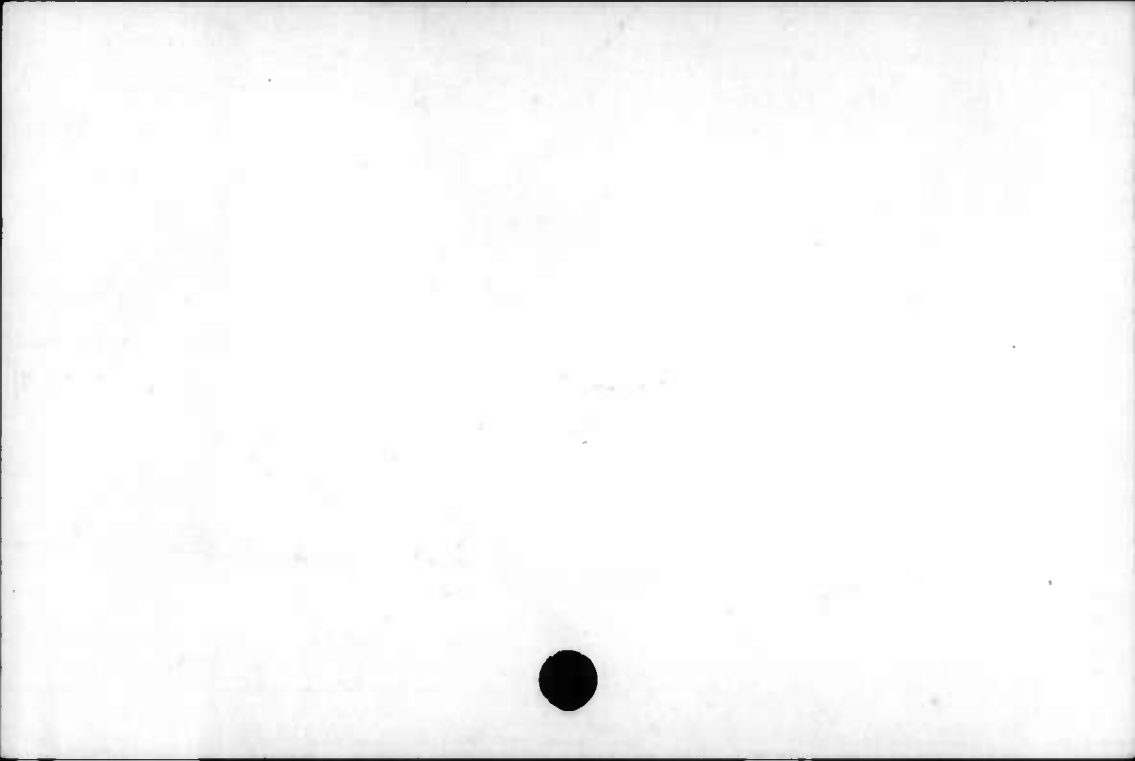
Died at		Town		County	
Aquasco		Pr.		Edis	
Date of death	1907	Month	Feb.	Day	6
Age		Years		Months	8
Sex		Male		Color or Race	White
Occupation		- None		Birth-place	Aquasco Md
Where Residing if not at place of death		- Aquasco Md			
Married, Single or Widowed		Single		Name of Wife or Husband	
Father's Name		Franklin Ward Burroughs		Father's Birthplace	
Mother's Maiden Name		Elwyn Doris		Mother's Birthplace	
Name of person giving information		Franklin Ward Burroughs		How related to deceased	
				Father	

CAUSES OF DEATH

104

PHYSICIAN
OR CORONER

Primary	Acute Indigestion	How long	Three days
Immediate	Exhaustion	How long	10 hours
Are the name, age, sex, color, date and place correctly given above?		Yes	
Signature of Physician		H. M. Mendenhall	
Address		Aquasco Md	
Accident or Suicide?		No.	



Name
in
Full

George J. Chaney

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Died at		Town Lanume		County P. Gro		MARYLAND	
Date of death	1907	Month July	Day 15th	Age 84	Years	Months	Days
Sex	Male	Color or Race	White	Birth-place	Md		
Occupation	Carpenter			Where Residing if not at place of death	Lanume Md		
Married, Single Widowed	yes		Name of Wife or Husband	Rachael Chaney			
Father's Name	Dennis Chaney				Father's Birthplace	Md	
Mother's Maiden Name	Annir Chaney				Mother's Birthplace	Md	
Name of person giving information	Ann Phelps				How related to deceased	Sister	

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary	apoplexy	How long	64
Immediate	apoplexy	How long	8 days
Are the name, age, sex, color, date and place correctly given above?	yes	Signature of Physician	J. H. Dyer
		Address	Lanume Md
Accident or Suicide?			

intermitt Savage m d
Lieber & Phair

Name
in
Full

Mary Chapman

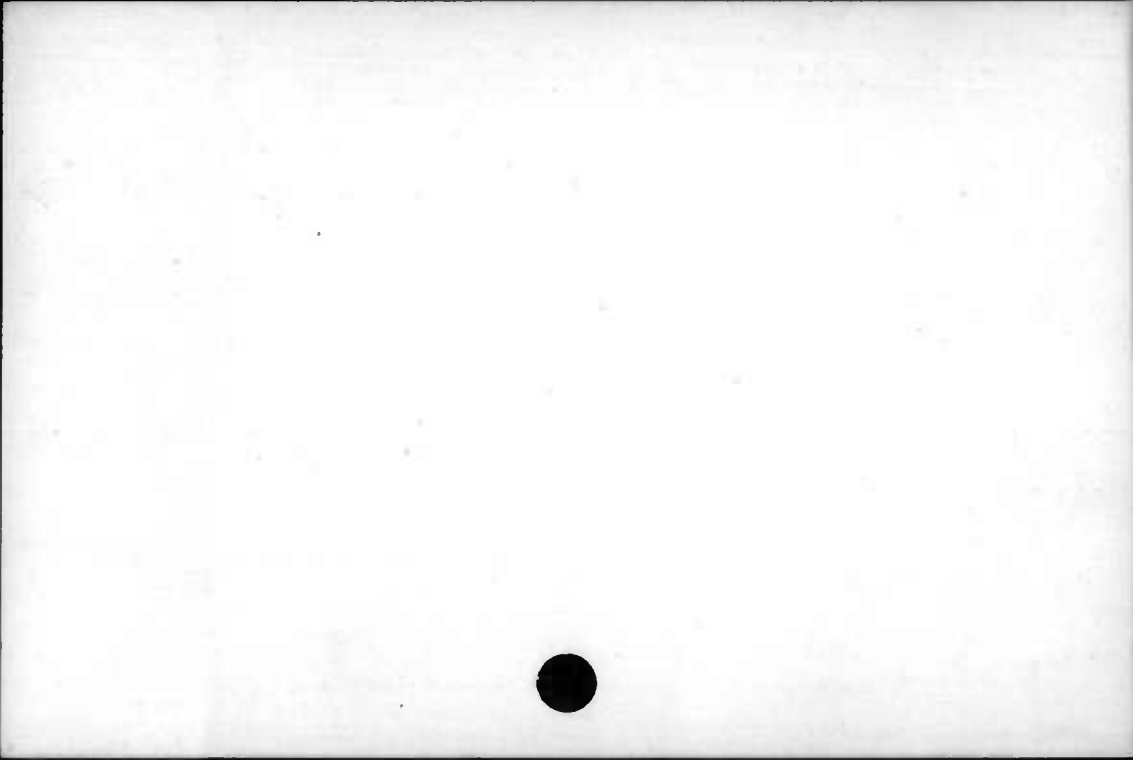
CERTIFICATE OF DEATH

Died at		Westchalia		P. Georgia		MARYLAND	
Date of death		1907	Month 2	Day 22	Age	Years	Months 5 - Days
Sex	Female		Color or Race	Colored		Birth-place	md
Occupation	none			Where Residing if not at place of death			
Married, Single or Widowed	Single		Name of Wife or Husband				
Father's Name	Stephen Charles Chapman				Father's Birthplace	md	
Mother's Maiden Name	Mary Fletcher				Mother's Birthplace	md	
Name of person giving information	Stephen Charles Chapman				How related to deceased	Father	

CAUSES OF DEATH

151

PHYSICIAN OR CORONER	Primary	Sick since birth		How long	5 days
	Immediate	No physician in attendance		How long	
	Are the name, age, sex, color, date and place correctly given above?		yes	Signature of Physician	
	Accident or Suicide?		no	Address	
				John E. Sausbury, M.D.	
				Forrestville	
				Geo md	



Name
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CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

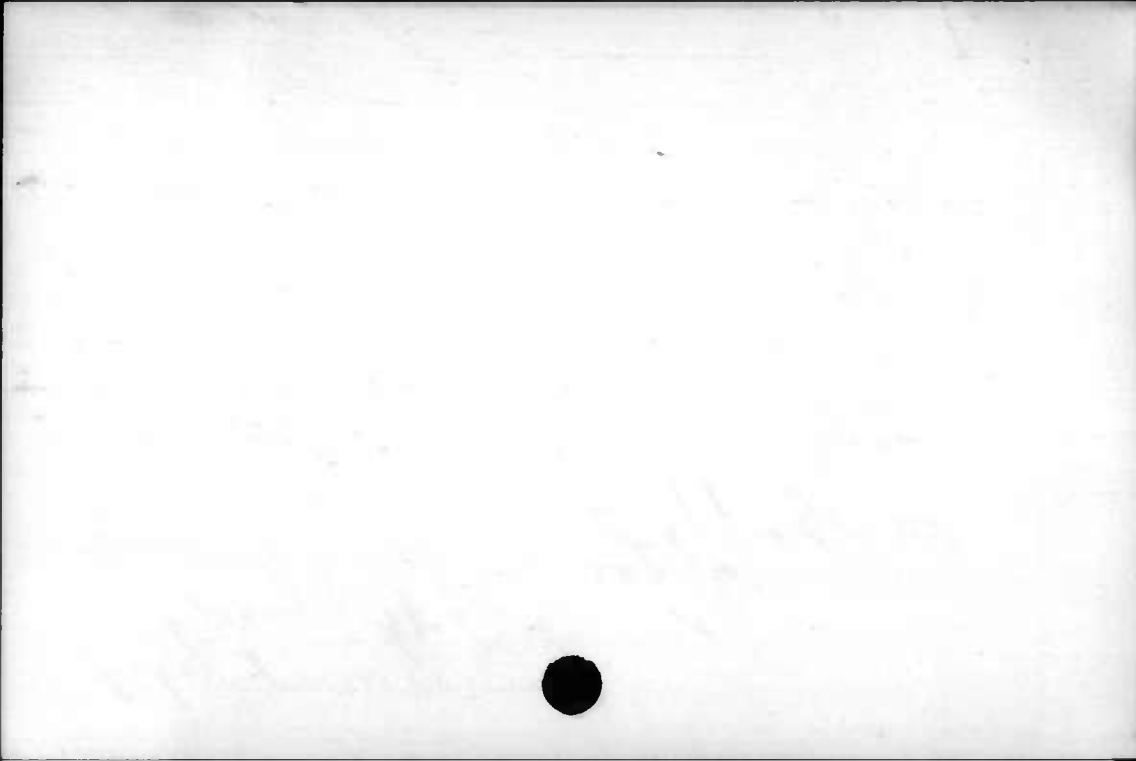
Name in Full <i>John Clark</i>		Town <i>Cheltenham</i>		County <i>Pt Geo</i>		MARYLAND	
Died at <i>Cheltenham</i>		Month <i>Feb</i>		Day <i>23</i>		Years <i>70</i>	
Date of death <i>1907</i>		Month <i>Feb</i>		Day <i>23</i>		Age <i>70</i>	
Sex <i>Male</i>		Color or Race <i>Colored</i>		Birth-place <i>Pt Geo G md</i>			
Occupation <i>Labourer</i>		Where Residing if not at place of death					
Married, Single or Widowed <i>Widowed</i>		Name of Wife or Husband <i>Unknown</i>					
Father's Name <i>Sampson Clark</i>		Father's Birthplace <i>md</i>					
Mother's Maiden Name <i>Estelle Brown</i>		Mother's Birthplace <i>md</i>					
Name of person giving information <i>Mary Brown</i>		How related to deceased <i>daughter</i>					

CAUSES OF DEATH

120

PHYSICIAN
OR CORONER

Primary <i>Bright's disease</i>	How long <i>1 1/2 years</i>
Immediate	How long
Are the name, age, sex, color, date and place correctly given above?	Signature of Physician <i>W. H. Gibbons</i>
	Address <i>Crown md.</i>
Accident or Suicide?	



Name
in
Full

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIENDName *Jane Nancy Cleon*
Town *Lanell*County *Prince Geo.*

MARYLAND

Died at

Date

of death *1907*Month *Feb.*Day *3.*

Age

Years *84*Months *11*Days *25*Sex *Female*Color or
Race *White*Birth-
place *Kinsington let*

Occupation

Where Residing if not
at place of deathMarried, Single
or Widowed *Widowed*Name of Wife or
Husband *John L. Cleon*Father's
Name *Sheldon Wynn*Father's
Birthplace *Chymouth let*Mother's
Maiden Name *Nancy East*Mother's
Birthplace *New Britain let*Name of person giving
In formation *W. A. Little*How relat-
to decedent *Son*

CAUSES OF DEATH

Primary *La Grippe*How long *10*Immediate *Pneumonia*

How long

Are the name, age, sex, color, date
and place correctly given above? *yes*Signature of
Physician *J. H. Pyley*Address *Lanell - Md.*

Accident or Suicide?

Meriden Court

Name
in
Full

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Died at <i>Bladensburg</i> <small>Town</small>		<i>Prince George</i> <small>County</small>		MARYLAND	
Date of death	<i>1907</i>	<i>Feb.</i> <small>Month</small>	<i>19th</i> <small>Day</small>	Age <i>one</i> <small>Years</small>	<i>3</i> <small>Months</small>
Sex <i>male</i>	Color or Race <i>colored</i>		Birth place <i>Bladensburg Md</i>		
Occupation			Where Residing if not at place of death		
Married, Single or Widowed			Name of Wife or Husband		
Father's Name <i>Nelson Davidge</i>			Father's Birthplace <i>Md.</i>		
Mother's Maiden Name <i>Sabra Ellen Brown</i>			Mother's Birthplace <i>Md.</i>		
Name of person giving information <i>Maria Green</i>			How related to deceased <i>Wunt</i>		

CAUSES OF DEATH

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PHYSICIAN
OR CORONER

Primary <i>Natural causes</i>	How long <i>one year</i>
Immediate	How long
Are the name, age, sex, color, date and place correctly given above?	Signature of Physician <i>Augustus H. Dahler, Jr.</i>
<i>Yes</i>	Address <i>Acting Coroner Bladensburg, Md</i>
Accident or Suicide?	

If wanted telephone from
Vincent's stables (next-door)

Name
in
Full

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Died at <i>Piney Beth</i> ^{Town}		<i>Davis</i> ^{County}		MARYLAND	
Date of death	1907	Month	2	Day	27
Age	Years		Months	Days	
Sex	<i>female</i>		Color or Race	<i>Col</i>	
Occupation	<i>None</i>		Birth-place	<i>Md</i>	
Where Residing if not at place of death		<i>11</i>			
Married, Single Widowed		Name of Wife or Husband <i>None</i>			
Father's Name	<i>George Davis</i>			Father's Birthplace	<i>Pr Geo Md</i>
Mother's Maiden Name	<i>Maggie Johnson</i>			Mother's Birthplace	<i>11</i>
Name of person giving information	<i>George Davis</i>			How related to deceased	<i>father</i>

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary	<i>Weak at birth.</i>	<i>151</i>	How long
Immediate	<i>Collapsed after two hours</i>		<i>two hours</i>
Are the name, age, sex, color, date and place correctly given above?		Signature of Physician	
<i>Yes</i>		Address	
Accident or Suicide?		<i>Brandywine, Md</i>	



Name
in
Full

Nameless

Dement

CERTIFICATE OF DEATH

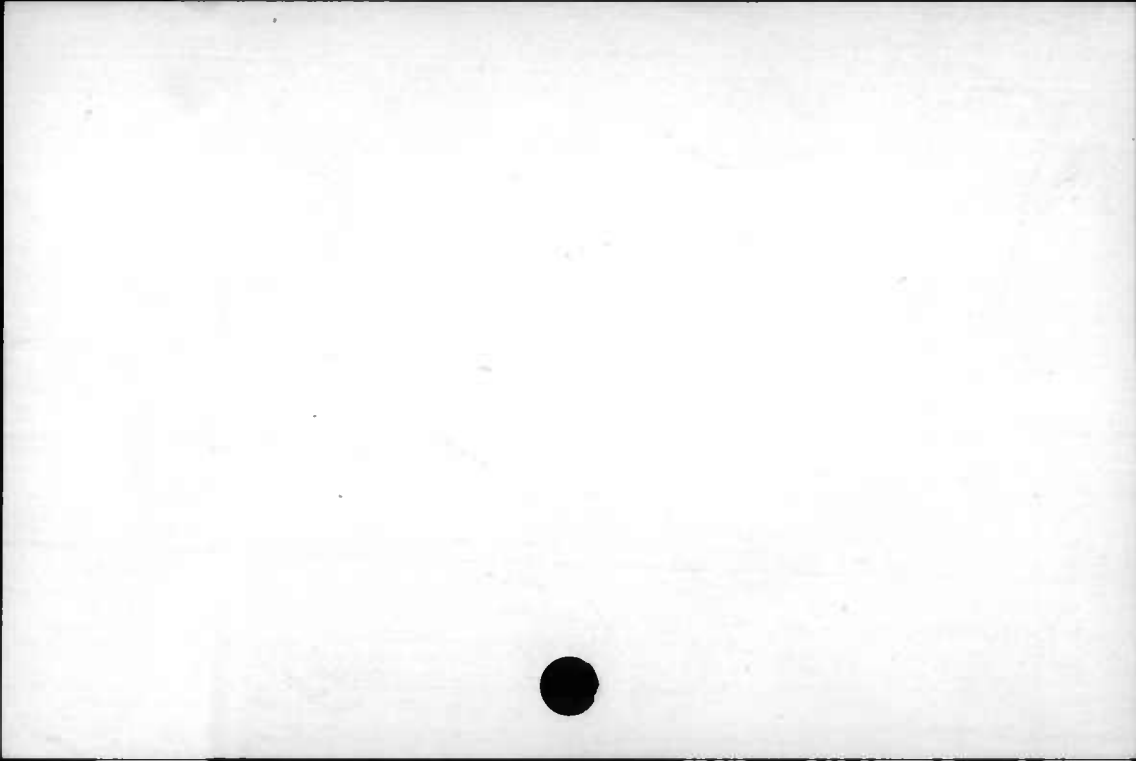
TO BE ANSWERED BY
NEAREST FRIEND

Died at <i>Open Hill</i>		Town <i>Pr. Geo.</i>		County		MARYLAND	
Date of death	1907	Month	2	Day	19	Age	Years — Months — Days 1
Sex	<i>Female</i>		Color or Race	<i>White</i>		Birth-place	<i>Md.</i>
Occupation	<i>House</i>		Where Residing if not at place of death —				
Married, Single or Widowed <input checked="" type="checkbox"/>			Name of Wife or Husband —				
Father's Name			<i>Robert Dement</i>			Father's Birthplace <i>Md.</i>	
Mother's Maiden Name			<i>Vellie H. Cox</i>			Mother's Birthplace <i>D.C.</i>	
Name of person giving information			<i>Robert Dement</i>			How related to deceased <i>Sister</i>	

CAUSES OF DEATH

Primary	<i>Premature Birth</i>	How long	—
Immediate	—	How long	—
Are the name, age, sex, color, date and place correctly given above?		<i>Yes</i>	
Signature of Physician		<i>E. P. SIMPSON, M.D.</i>	
Address		<i>ROSECROFT, PR. GEO. CO., MD.</i>	
Accident or Suicide?			

PHYSICIAN
OR CORONER



Name
in
Full

William Henry Deweese

CERTIFICATE OF DEATH

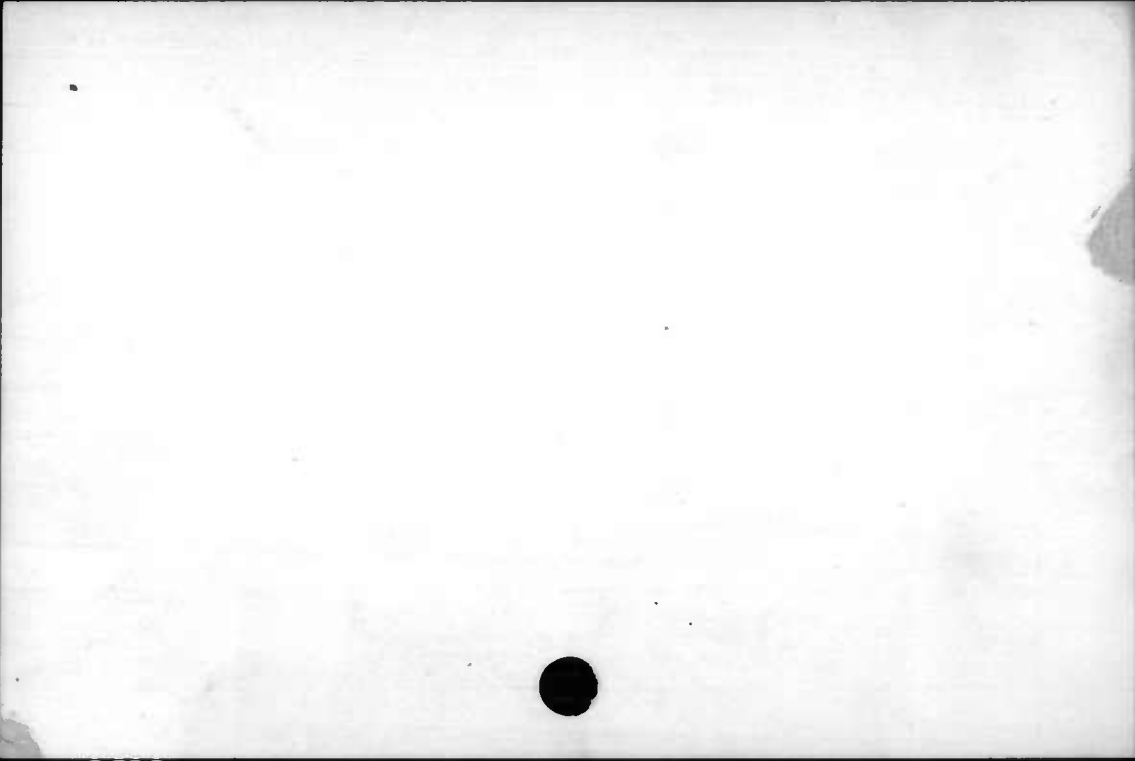
TO BE ANSWERED BY
NEAREST FRIEND

Died at <u>Samuel</u> ^{Town}		<u>Princ George's Co.</u> ^{County}		MARYLAND	
Date of death <u>1907</u> ^{Month} <u>2</u> ^{Day} <u>6</u>		Age <u>36</u> ^{Years}		<u>9</u> ^{Months}	<u></u> ^{Days}
Sex <u>Male</u>		Color or Race <u>White</u>		Birth-place <u>Denton Md.</u>	
Occupation <u>Surgeon</u>		Where Residing if not at place of death <u>Denton</u>			
Married, Single <u>Single</u>		Name of Wife or Husband <u>Mattilla P. Deweese</u>			
Father's Name <u>William H. Deweese</u>		Father's Birthplace <u>Delaware</u>			
Mother's Maiden Name <u>Hester A Smith</u>		Mother's Birthplace <u>Maryland</u>			
Name of person giving information <u>Cornelius Deweese</u>		How related to deceased <u>Brother</u>			

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary <u>Rheumatism</u>	How long <u>4 months</u>
Immediate <u>Endocarditis</u>	How long <u>3 months</u>
Are the name, age, sex, color, date and place correctly given above? <u>Yes</u>	Signature of Physician <u>Jesse Cloggin</u>
	Address <u>Samuel</u>
	<u>Md.</u>
<u>Accident or Suicide?</u>	



Name
in
Full

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Name *Archie Dodson* County *Pg.* Maryland
Died at *C. Shingles* Town
Date of death *1907 Feb 17* Month Day Age *1 mo - 1 day* Years Months Days
Sex *Male* Color or Race *Black* Birthplace *Ind*
Occupation *None* Where Residing if not at place of death *Home*
~~Married~~ Single Name of Wife or Husband *William Dodson*
Father's Name *William Dodson* Father's Birthplace *Ind*
Mother's Maiden Name *Pinckney* Mother's Birthplace *Ind*
Name of person giving information *Will, Dodson* How related to deceased *Father*

CAUSES OF DEATH

179

PHYSICIAN
OR CORONER

Primary *Unknown - no doctor*

How long

Immediate *_____*

How long

Are the name, age, sex, color, date and place correctly given above?

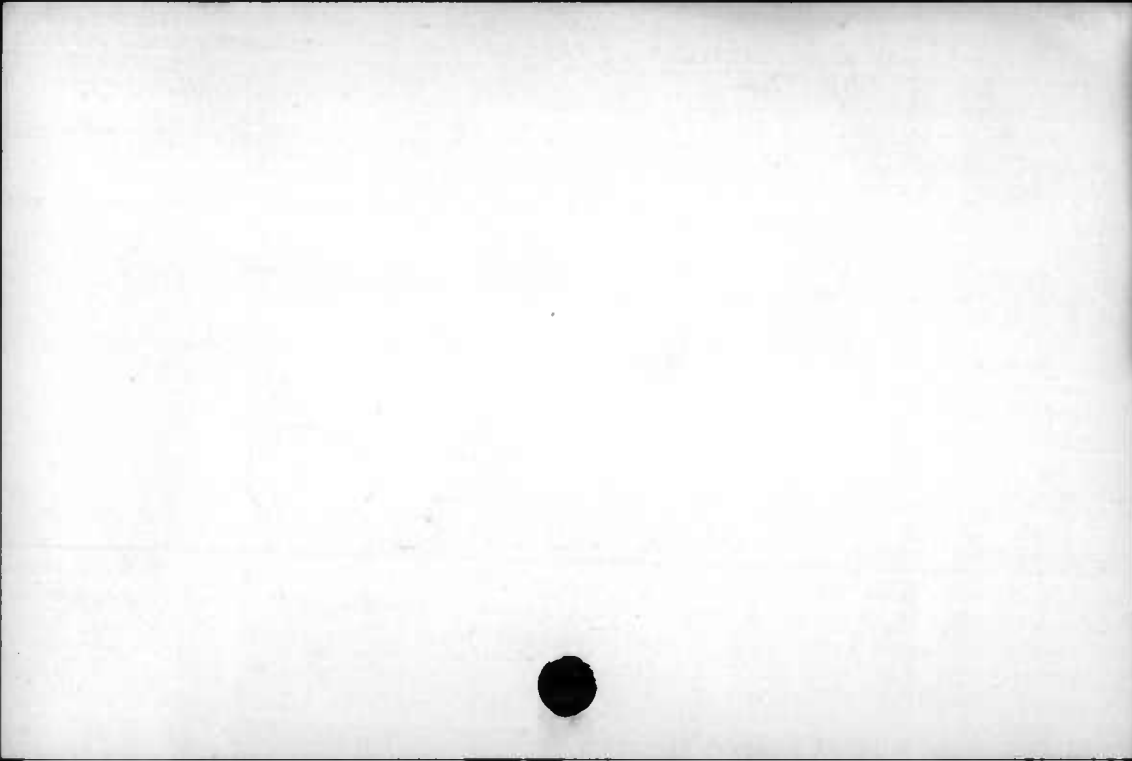
Yes

Signature of Physician

Address

J. L. Waring
Clinton Ind

Accident or Suicide?



Name
in
Full

CERTIFICATE OF DEATH

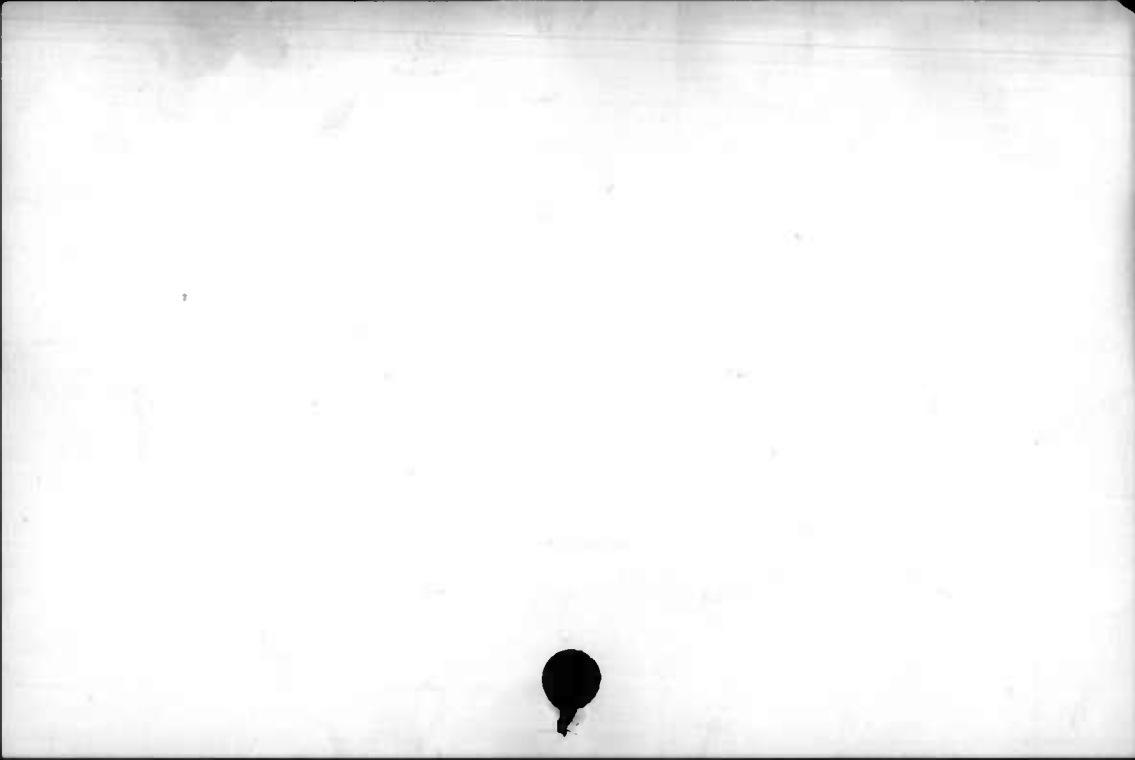
TO BE ANSWERED BY
NEAREST FRIEND

Died at <i>Landover</i>		Town <i>Pr "Geo"</i>		County		MARYLAND	
Date of death	1907	Month	Feb	Day	19 th	Age	68
Sex	Male		Color or Race	Colored		Birth-place	Va
Occupation	Unknown		Where Residing if not at place of death				
Married, Single or Widowed	Name of Wife or Husband		Betty Douglass				
Father's Name	Do not know		Father's Birthplace				
Mother's Maiden Name	Betty "Crawford"		Mother's Birthplace Maryland				
Name of person giving information	Betty Douglass		How related to deceased Wife				

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary	Arterio-sclerosis	How long	6 months
Immediate	Angina Pectoris	How long	2 days
Are the name, age, sex, color, date and place correctly given above?	yes	Signature of Physician	H. E. Willis M.D.
		Address	Thattsville, Md.
Accident or Suicide?	No		



Name
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Elizabeth Graham Fowler

CERTIFICATE OF DEATH

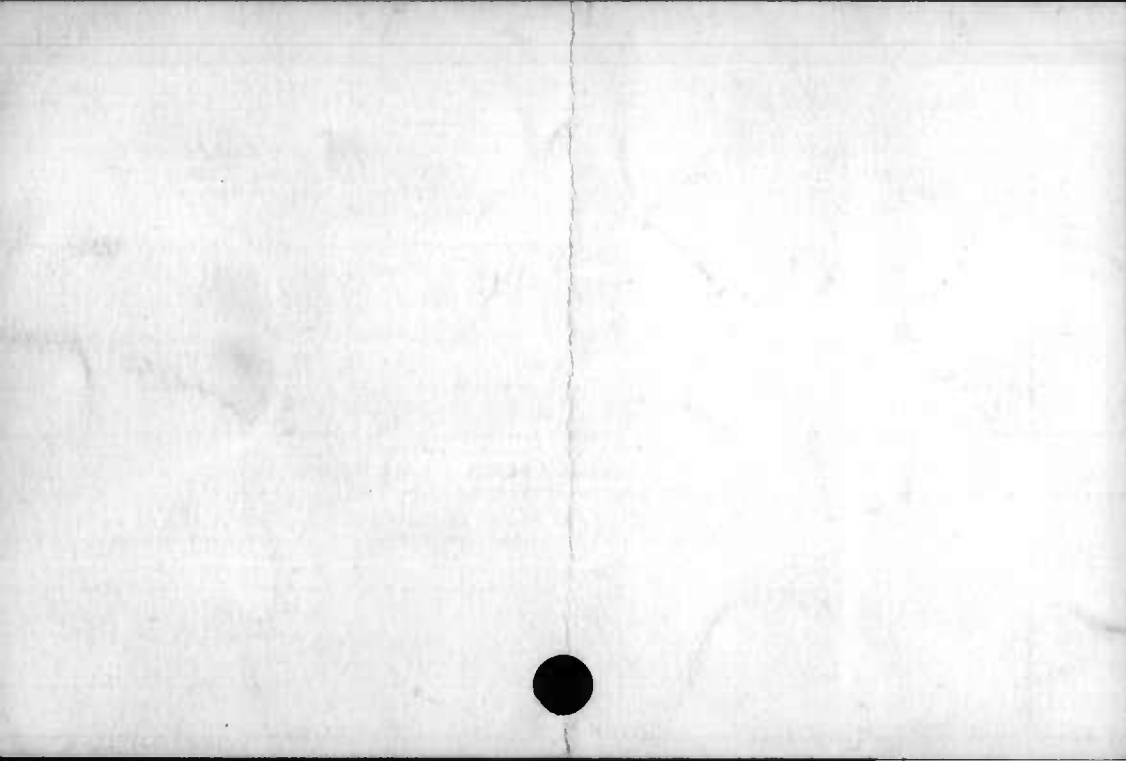
TO BE ANSWERED BY
NEAREST FRIEND

Died at		Town Riverdale		County Prince George		MARYLAND	
Date of death	1907	Month Feb.	Day 10	Age 67	Years	Months 2	Days 22
Sex	Female		Color or Race	white		Birth-place	Baltimore Md.
Occupation	Unknown			Where Residing if not at place of death			
Married, Single or Widowed	widow		Name of Wife or Husband	Unknown			
Father's Name	Edward A. Wells					Father's Birthplace	Annapolis
Mother's Maiden Name	Anne E. Rosensteel					Mother's Birthplace	Baltimore
Name of person giving information	Mary E. Fowler					How related to deceased	daughter

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary	According to Paraphrase of Paraphrase		How long	63	six years
Immediate	Of Exhaustion		How long	one month	
Are the name, age, sex, color, date and place correctly given above?			Signature of Physician		
Yes			Address		
			Chadwick		
			Mato ville Md		
Accident or Suicide?					



Name
in
Full

Alexandra F. Frost

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Died at			Town Laurens		County Pr. Low		MARYLAND	
Date of death		1907	Month Feb	Day 11	Age Years	64	Months	Days
Sex		Female		Color or Race		White		Birth- place
Occupation				Housewife		Where Residing if not at place of death		
Married, Single or Widowed		Yes		Name of Wife or Husband		H. C. Frost		
Father's Name		Alpha Fairman					Father's Birthplace	Ma
Mother's Maiden Name		Alice					Mother's Birthplace	Ma
Name of person giving Information		H. C. Frost					How related to deceased	Husband

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary	Tuberculosis	(27)	How long	Not determined
Immediate	Pulmonary hemorrhage			
Are the name, age, sex, color, date and place correctly given above?		Signature of Physician		
		Address		
		W. F. Taylor		
		Laurens Md		
Accident or Suicide?				

Alexana 7 7/8

Dec 7th 11th 1907

age 6 yrs

Name
in
Full

Levin A. Green

CERTIFICATE OF DEATH

Died at Clinton Town

County

MARYLAND

Date

of death 1907

Month

Feb

Day

1

Age

Years

10

Months

-

Days

-

Sex

Male

Color or
Race

Caucasian

Birth
place

Md

Occupation

House

Where Residing if not
at place of death

Home

Married, Single
or WidowedName of Wife or
HusbandFather's
Name

Frank Green

Father's
Birthplace

Md

Mother's
Maiden Name

Cora Breigh

Mother's
Birthplace

Md

Name of person giving
Information

Frank Green

How related
to deceased

Father

CAUSES OF DEATH

Primary

Afflicted

179

How long

10 yrs

Immediate

No physician - unknown

How long

Are the name, age, sex, color, date
and place correctly given above?

Yes

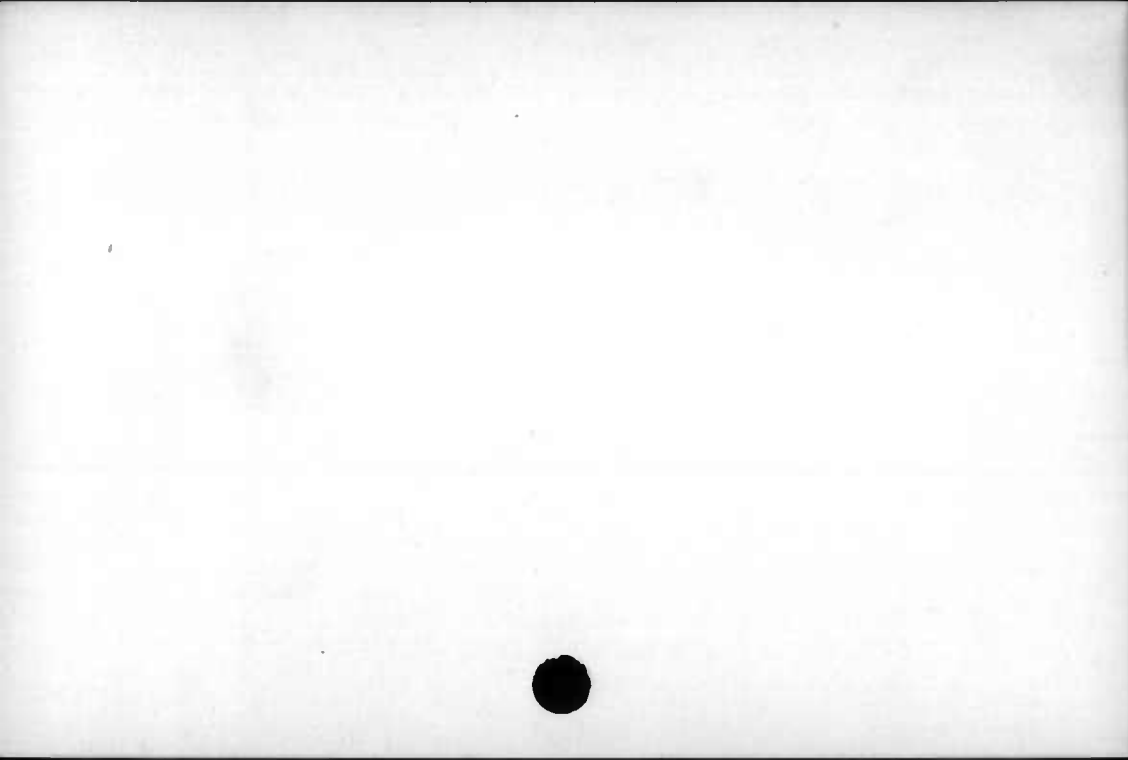
Signature of
Physician

Address

J. L. Pearson
Clinton
Md

Accident or Suicide?

TO BE ANSWERED BY
NEAREST FRIENDPHYSICIAN
OR CORONER



Name
in
Full

CERTIFICATE OF DEATH

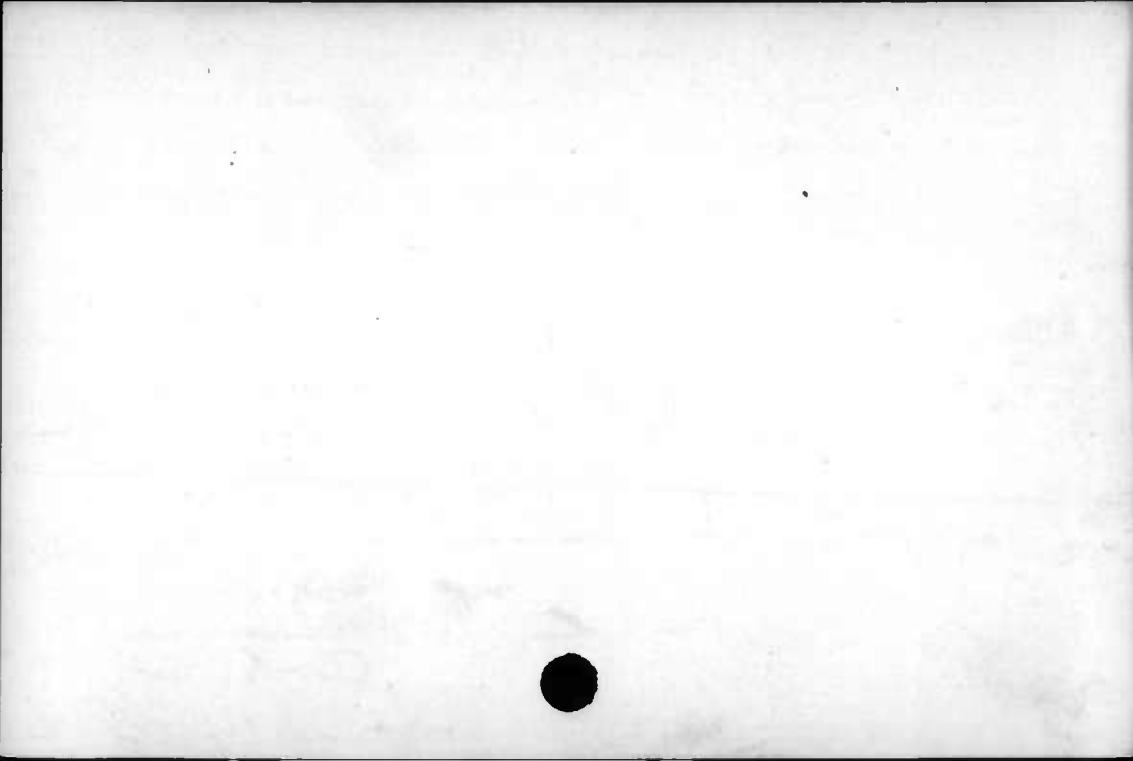
TO BE ANSWERED BY
NEAREST FRIEND

Died at <u>Swittland</u> ^{Town}		<u>Pyles</u> ^{County}		MARYLAND	
Date of death	190 <u>7</u>	Month <u>2</u>	Day <u>27</u>	Age <u>Years</u>	Months <u>11</u> Days <u>—</u>
Sex <u>Male</u>	Color or Race <u>Colored</u>		Birth-place <u>md</u>		
Occupation <u>none</u>			Where Residing if not at place of death		
Married, Single or Widowed <u>Single</u>		Name of Wife or Husband <u>—</u>			
Father's Name <u>Richard Hager</u>			Father's Birthplace <u>md</u>		
Mother's Maiden Name <u>Rachel Clark</u>			Mother's Birthplace <u>md</u>		
Name of person giving information <u>Richard Hager</u>			How related to deceased <u>Father</u>		

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary <u>La Grippe</u>	How long <u>10</u>
Immediate <u>Pulmonary Empyema</u>	How long <u>24 hours</u>
Are the name, age, sex, color, date and place correctly given above? <u>yes</u>	Signature of Physician <u>John E. Sausbury</u>
	Address <u>Forestville</u>
Accident or Suicide? <u>neither</u>	<u>Pyles md</u>



Name
in
Full

Hermann Harker

CERTIFICATE OF DEATH

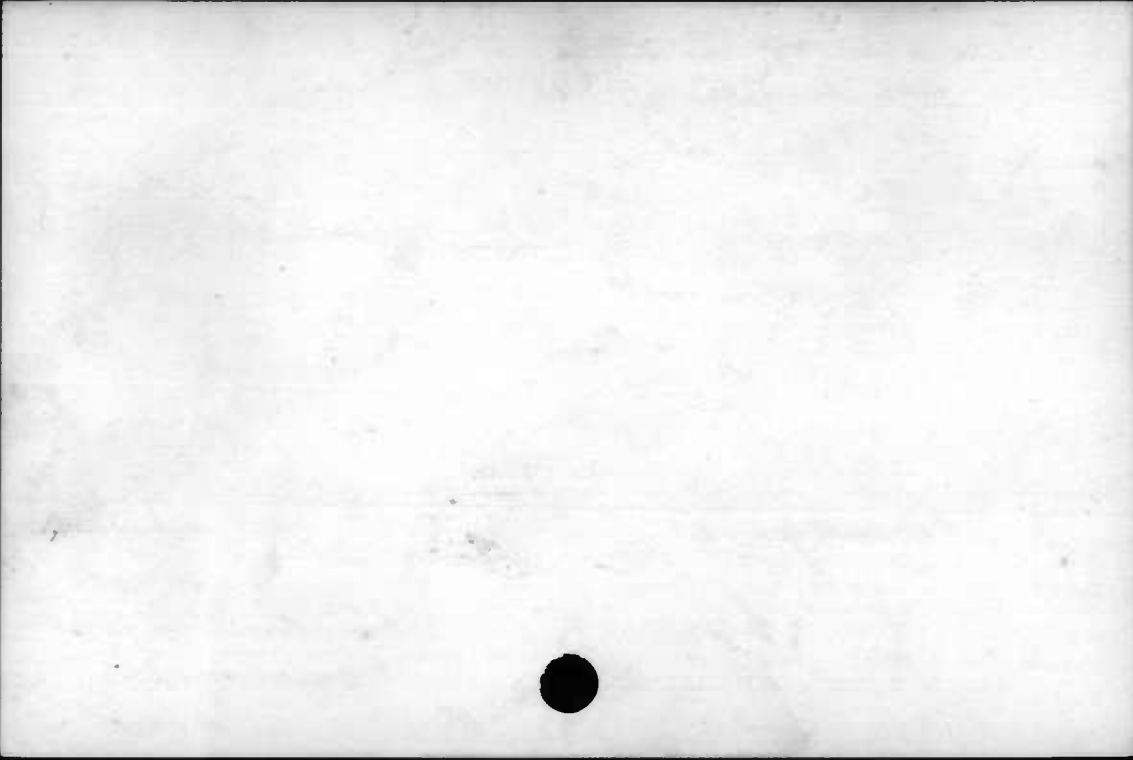
TO BE ANSWERED BY
NEAREST FRIEND

Died at <u>Laurel</u> ^{Town}		<u>Prince Geo</u> ^{County}		MARYLAND	
Date of death	<u>1907</u>	Month <u>2</u>	Day <u>2</u>	Age <u>12</u>	Months <u>—</u> Days <u>—</u>
Sex <u>male</u>	Color or Race <u>white</u>		Birth-place <u>md</u>		
Occupation <u>none</u>			Where Residing if not at place of death <u>—</u>		
Married <u>Single</u> or Widowed		Name of Wife or Husband <u>—</u>			
Father's Name <u>Herman Harker</u>			Father's Birthplace <u>md</u>		
Mother's Maiden Name <u>Julia F. Lattin</u>			Mother's Birthplace <u>md</u>		
Name of person giving information <u>Herman Harker</u>			How related to deceased <u>Father</u>		

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary <u>Dysphrenia</u>	How long <u>see below</u>
Immediate <u>Marasmus</u>	How long <u>6 weeks</u>
Are the name, age, sex, color, date and place correctly given above? <u>yes</u>	Signature of Physician <u>W. T. Taylor</u>
	Address <u>Laurel md</u>
Accident or Suicide? <u>—</u>	



Name
in
Full

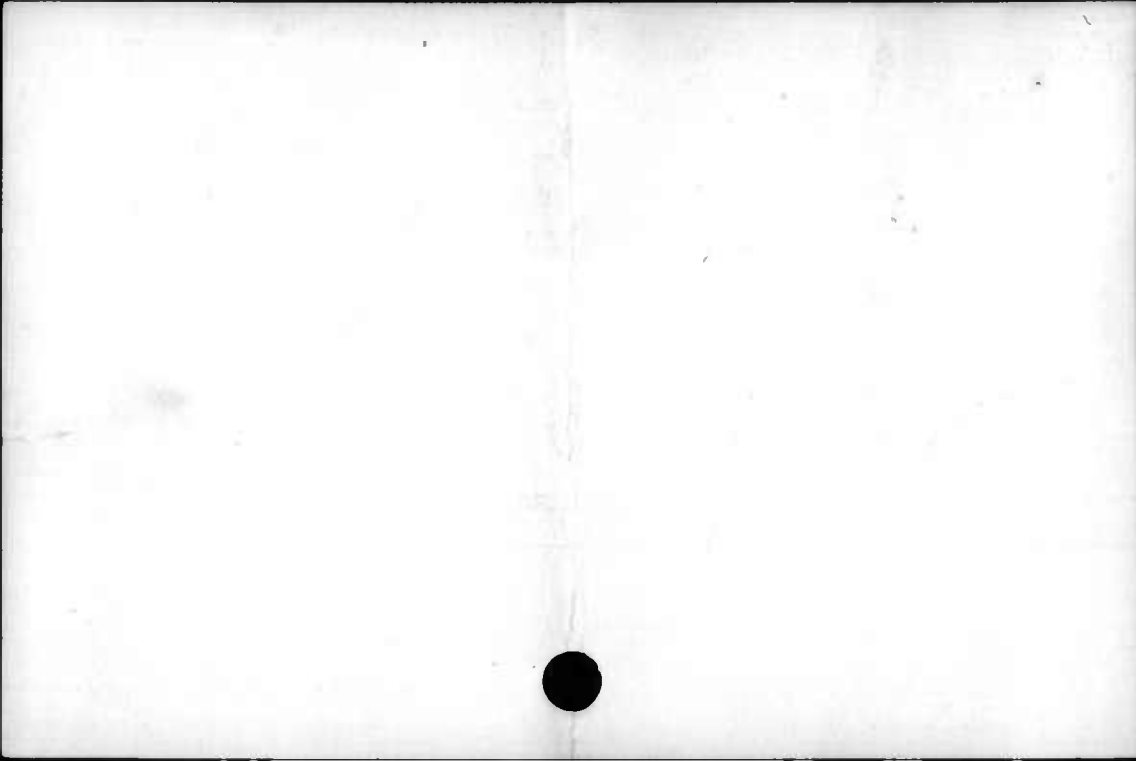
CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Died at <i>Bozonsville</i> ^{Town} <i>Pr. Geo.</i> ^{County}		MARYLAND	
Date of death <i>1907</i>	<i>Feb</i> ^{Month}	<i>25</i> ^{Day}	<i>83</i> ^{Years}
Sex <i>Male</i>		Color or Race <i>White</i>	Birth-place <i>Pr. Geo. Co. Md.</i>
Occupation <i>Farmer</i>		Where Residing if not at place of death <i>Cardwick Md.</i>	
Married, Single or Widowed <i>Married</i>	Name of Wife or Husband <i>Lavinia V. Harvey</i>		
Father's Name <i>John Harvey</i>	Father's Birthplace <i>P. G. Co. Md.</i>		
Mother's Maiden Name <i>Mary Shurly</i>	Mother's Birthplace <i>P. G. Co. Md.</i>		
Name of person giving information <i>Willitt Anderson</i>	How related to deceased <i>Nephew</i>		

CAUSES OF DEATH

Primary <i>Paralysis</i>	<i>10</i>	How long <i>18 months</i>
Immediate <i>Stroke</i>		How long <i>1 week</i>
Are the name, age, sex, color, date and place correctly given above? <i>yes</i>	Signature of Physician <i>H. G. Willis M.D.</i>	
	Address <i>Bozonsville Md.</i>	
Accident or Suicide? <i>No</i>		



Name
in
Full

CERTIFICATE OF DEATH

Frank Hopkins

Town

County

MARYLAND

Died at

Lanier

Prince George

Date

Month

Day

Years

Months

Days

of death 1907

July

3

Age

Birth-
place

Lanier

Sex

Male

Color or
Race

Black

Occupation

None

Where Residing if not
at place of death

Lanier

Married, Single
or Widowed

Single

Name of Wife or
Husband

None

Father's
Name

Julius Hopkins

Father's
Birthplace

Md

Mother's
Maiden Name

Annie Calverton

Mother's
Birthplace

Md

Name of person giving
Information

Samuel Colson

How related
to deceased

Nephew

CAUSES OF DEATH

Primary

Heart Failure

179

How long

3 hours.

Immediate

Are the name, age, sex, color, date
and place correctly given above?Signature of
Physician

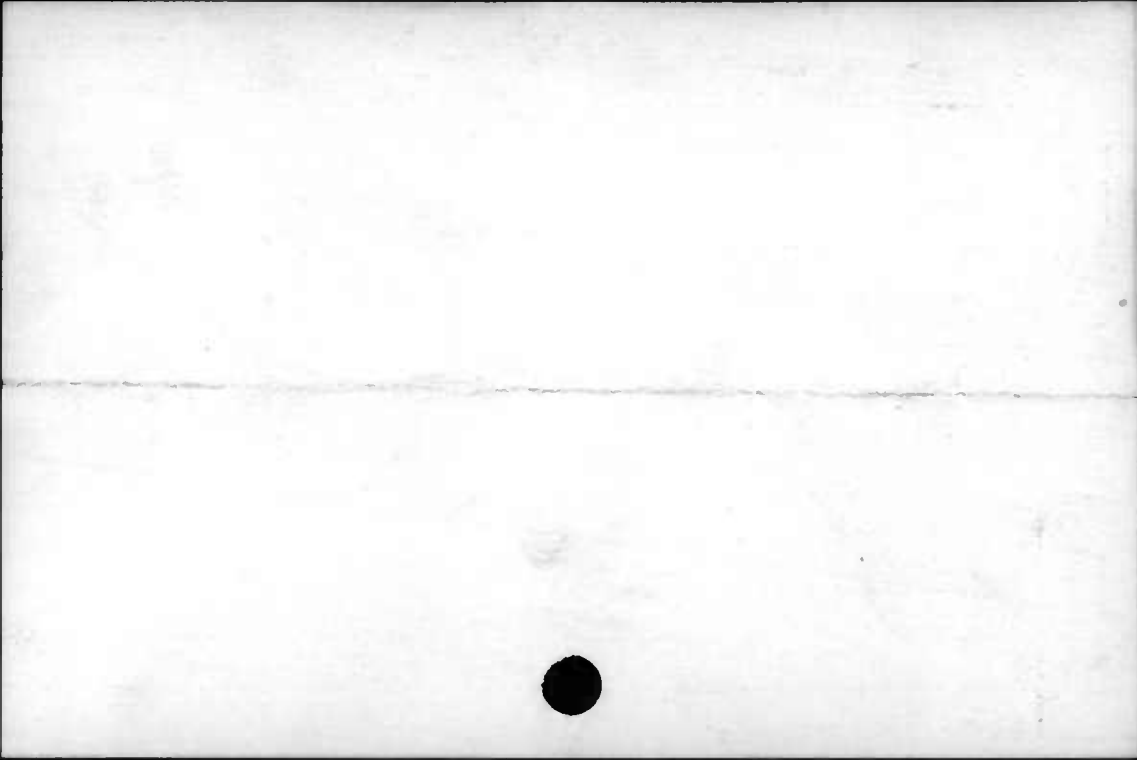
D. P. C. Horley.

Address

Lanier, Md.

Accident or Suicide?

TO BE ANSWERED BY
NEAREST FRIENDPHYSICIAN
OR CORONER



Name
in
Full

Gusta Johnson

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

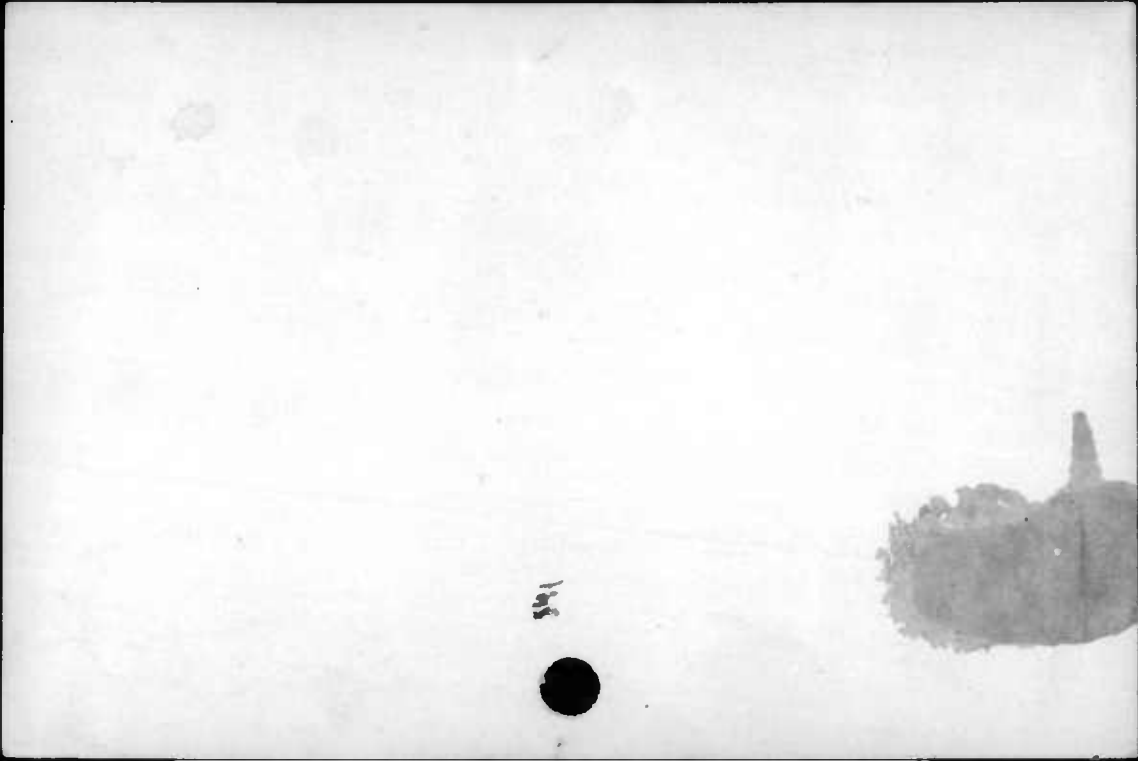
Died at <i>Accokeek</i> <small>Town</small>		<i>Prince George's</i> <small>County</small>		MARYLAND	
Date of death	<i>1907</i> <small>Year</small>	<i>Feb.</i> <small>Month</small>	<i>13</i> <small>Day</small>	<i>11</i> <small>Years</small>	<i>0</i> <small>Months</small>
Sex	<i>Male</i>	Color or Race	<i>Colored</i>	Birth-place	<i>Washington, D.C.</i>
Occupation	<i>None</i>		Where Residing if not at place of death		
Married, Single or Widowed	<i>Single</i>	Name of Wife or Husband			
Father's Name	<i>John Johnson</i>			Father's Birthplace	<i>Nanjarrow, Md.</i>
Mother's Maiden Name	<i>Flourine Marbury</i>			Mother's Birthplace	<i>Chas. Co. Md.</i>
Name of person giving information	<i>Peter Johnson</i>			How related to deceased	<i>Uncle</i>

CAUSES OF DEATH

179

PHYSICIAN
OR CORONER

Primary	<i>Death from Natural causes</i>	
Immediate		
Are the name, age, sex, color, date and place correctly given above?	<i>Yes</i>	Signature of Physician
		<i>C. J. Polhemus</i>
		Address
		<i>Coroner.</i>
		<i>Marshall Hall, Md.</i>
Accident or Suicide?		



Name
in
Full

Lessie Butler Johnson
Town Lakeland County P. G. Co

CERTIFICATE OF DEATH

MARYLAND

Died at Date of death 1907 Feb 25 Month Day Age 30 Years Months Days

Sex Female Color or Race Colored Birth-place Md.
Occupation House Where Residing if not at place of death

Married, Single or Widowed Name of Wife or Husband John B. Johnson

Father's Name H. M. Butler Father's Birthplace Md.

Mother's Maiden Name Virginia Mason Mother's Birthplace Md.

Name of person giving information How related to deceased

CAUSES OF DEATH

Primary Abortion 134 How long 10 days
Immediate Debility How long

Are the name, age, sex, color, date and place correctly given above?

Signature of Physician

Address

H. Q. Eversfield
College Park
Md

Accident or Suicide?

TO BE ANSWERED BY
NEAREST FRIEND

PHYSICIAN
OR CORONER



Name
in
Full

Emanuel E. Kopf

CERTIFICATE OF DEATH

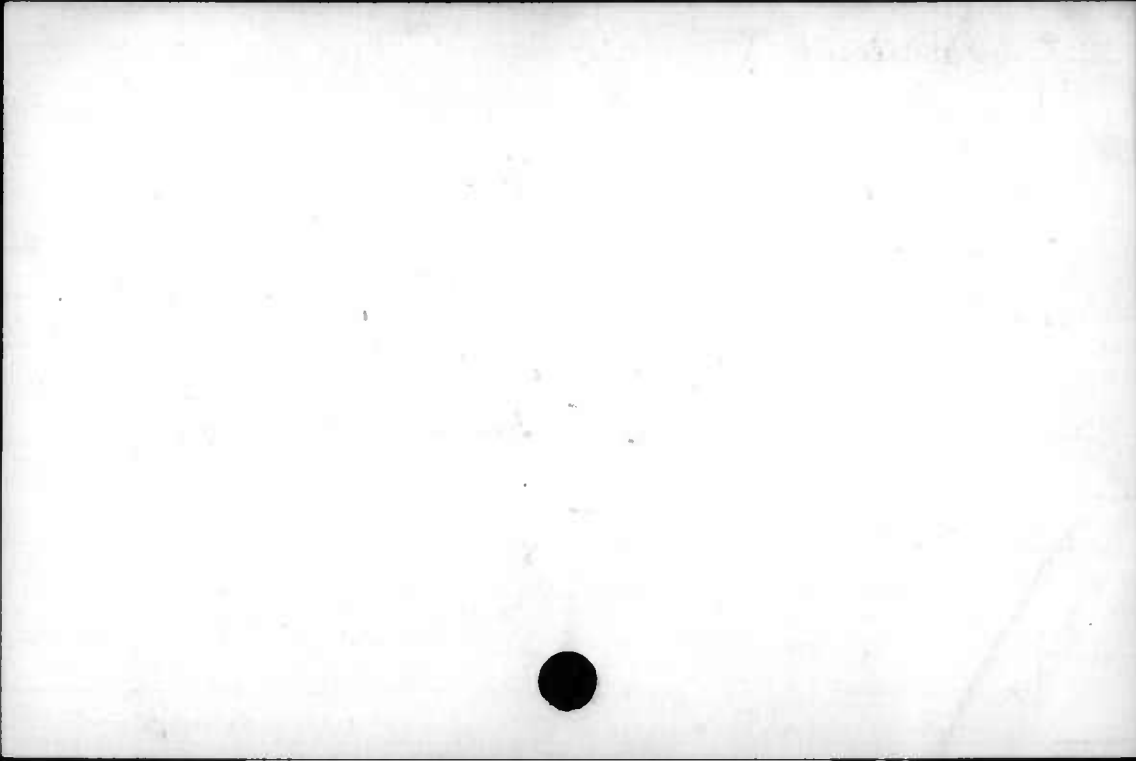
TO BE ANSWERED BY
NEAREST FRIEND

Died at <i>Hyattsville</i> <small>Town</small> <i>Prince George's</i> <small>County</small> <i>MARYLAND</i>	
Date of death <i>1907</i> <small>Month</small> <i>Feb'y</i> <small>Day</small> <i>10</i> <small>Years</small> <i>2</i> <small>Months</small> <i>15</i> <small>Days</small>	Age <i>15</i>
Sex <i>Male</i>	Color or Race <i>White</i>
Occupation <i>None</i>	Birth place <i>Md.</i>
Where Residing if not at place of death <i>None</i>	
Married, Single or Widowed <i>Single</i>	Name of Wife or Husband <i>None</i>
Father's Name <i>Wm. E. Kopf</i>	Father's Birthplace <i>Pa</i>
Mother's Maiden Name <i>Daisy J. Baie</i>	Mother's Birthplace <i>Pa</i>
Name of person giving information <i>Wm. E. Kopf</i>	How related to deceased <i>Father</i>

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary <i>Marasmus</i> <i>(151)</i>	How long <i>all life</i>
Immediate <i>Convulsion</i>	How long <i>Immediate</i>
Are the name, age, sex, color, date and place correctly given above? <i>Yes</i>	Signature of Physician <i>Isaiah H. Hatterman</i>
	Address <i>Hyattsville</i>
Accident or Suicide? <i>Neither</i>	<i>md</i>



Name
in
Full

Henry Jacob Leonhardt

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

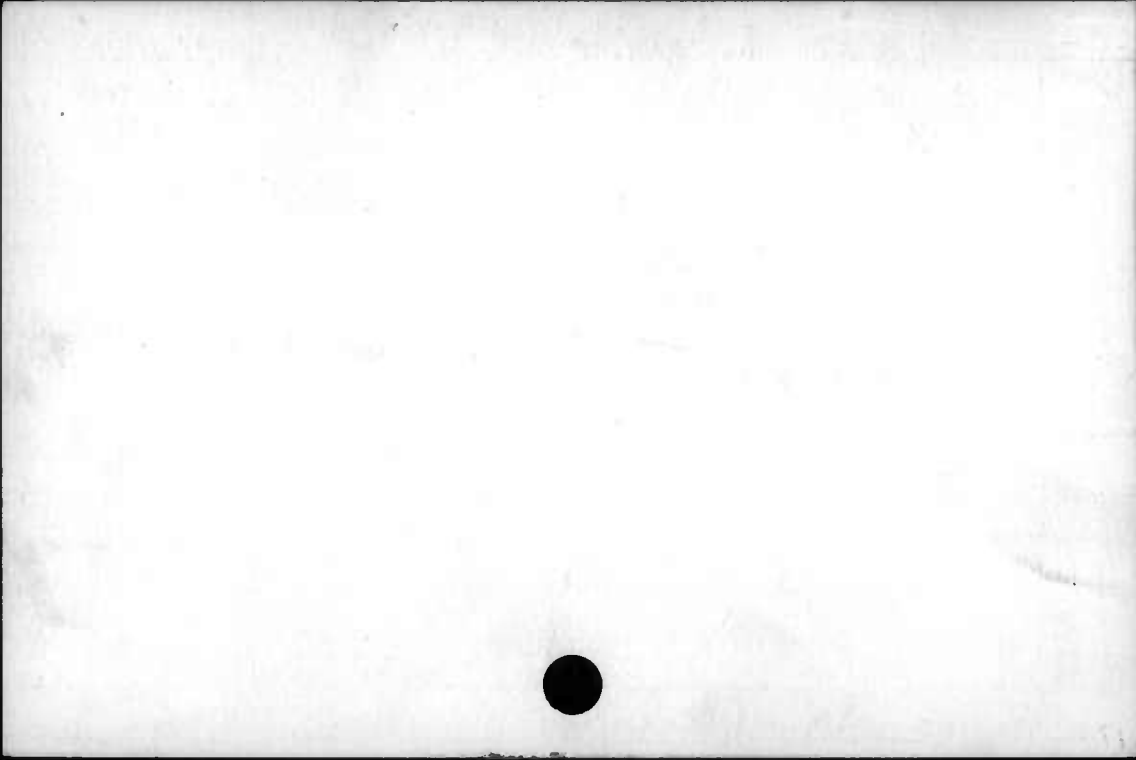
Died at <i>Hyattsville</i> <small>Town</small>		<i>Prince Geo.</i> <small>County</small>		MARYLAND	
Date of death	<i>1907</i> <small>Year</small>	<i>7</i> <small>Month</small>	<i>8</i> <small>Day</small>	Age <i>79</i> <small>Years</small>	<i>4</i> <small>Months</small> <i>22</i> <small>Days</small>
Sex	<i>Male</i>	Color or Race	<i>white</i>	Birth-place	<i>Germany</i>
Occupation	<i>Retired</i>		Where Residing if not at place of death		
Married, Single or Widowed	<i>widowed</i>	Name of Wife or Husband	<i>Mary E. Leonhardt.</i>		
Father's Name	<i>John Leonhardt</i>		Father's Birthplace	<i>Germany</i>	
Mother's Maiden Name	<i>Annie Stricker</i>		Mother's Birthplace	<i>Germany</i>	
Name of person giving information	<i>George Leonhardt</i>		How related to deceased	<i>Nephew</i>	

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary	<i>Pneumonia</i>	How long	<i>7 days</i>
Immediate	<i>Cardiac failure</i>	How long	
Are the name, age, sex, color, date and place correctly given above?	<i>Yes</i>	Signature of Physician	<i>Dr. J. H. Hatterman</i>
		Address	<i>Hyattsville Md</i>
Accident or Suicide?	<i>neither</i>		

93



Name
in
Full

Margaret Leonhardt

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

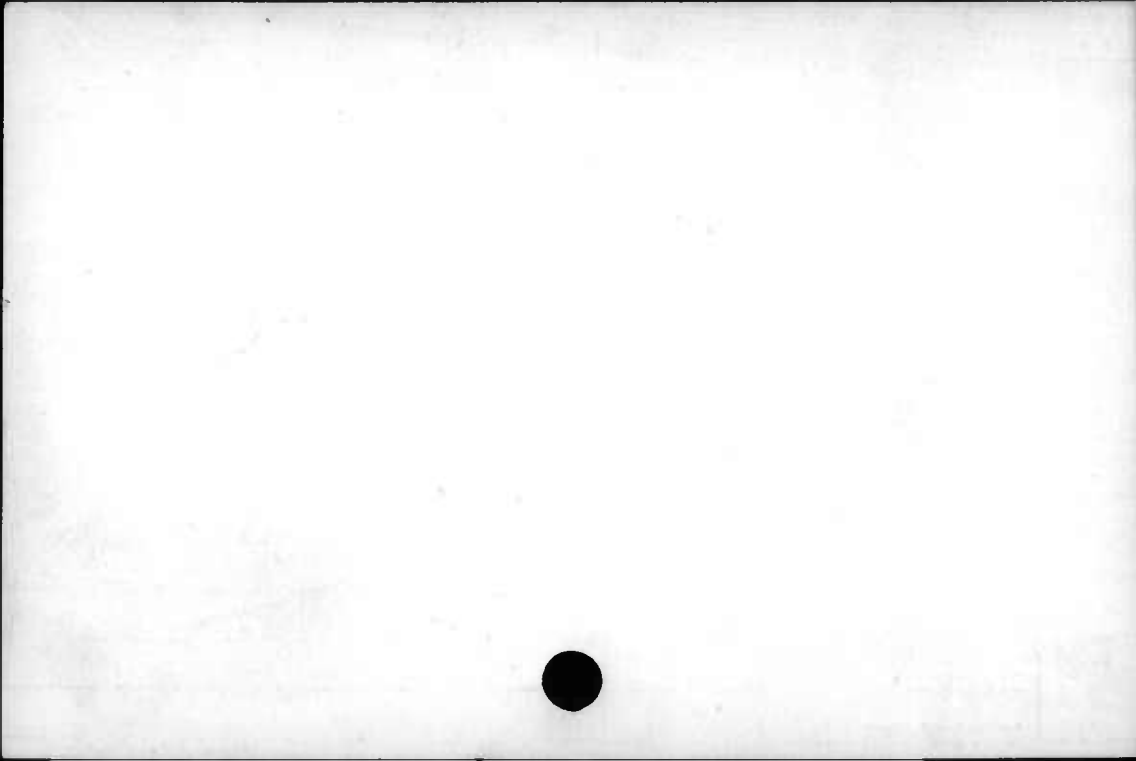
Died at <u>Hyattsville</u> ^{Town}		<u>Pr</u> <u>Iseo</u> ^{County}		MARYLAND	
Date of death <u>1907</u>	Month <u>2</u>	Day <u>19</u>	Age <u>79</u> ^{Years}	Months <u> </u>	Days <u> </u>
Sex <u>Female</u>	Color or Race <u>White</u>	Birth-place <u>Germany</u>			
Occupation <u>Housewife</u>		Where Residing if not at place of death <u> </u>			
Married, Single or Widowed <u>Married</u>	Name of Wife or Husband <u>Iseo. Leonhardt Sr</u>				
Father's Name <u>Baltas Hahn</u>	Father's Birthplace <u>Germany</u>				
Mother's Maiden Name <u>Maggie Hahn</u>	Mother's Birthplace <u>Germany</u>				
Name of person giving information <u>Iseo Leonhardt</u>		How related to deceased <u>Son</u>			

CAUSES OF DEATH

79

PHYSICIAN
OR CORONER

Primary <u>Aortic regurgitation</u>	How long <u>unknown</u>
Immediate <u>Cardiac failure</u>	How long <u>Immediate</u>
Are the name, age, sex, color, date and place correctly given above? <u>Yes</u>	Signature of Physician <u>Dr. J. H. Kater</u>
	Address <u>Hyattsville</u>
Accident or Suicide? <u>Neither</u>	<u>Ind</u>



Name
in
Full

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

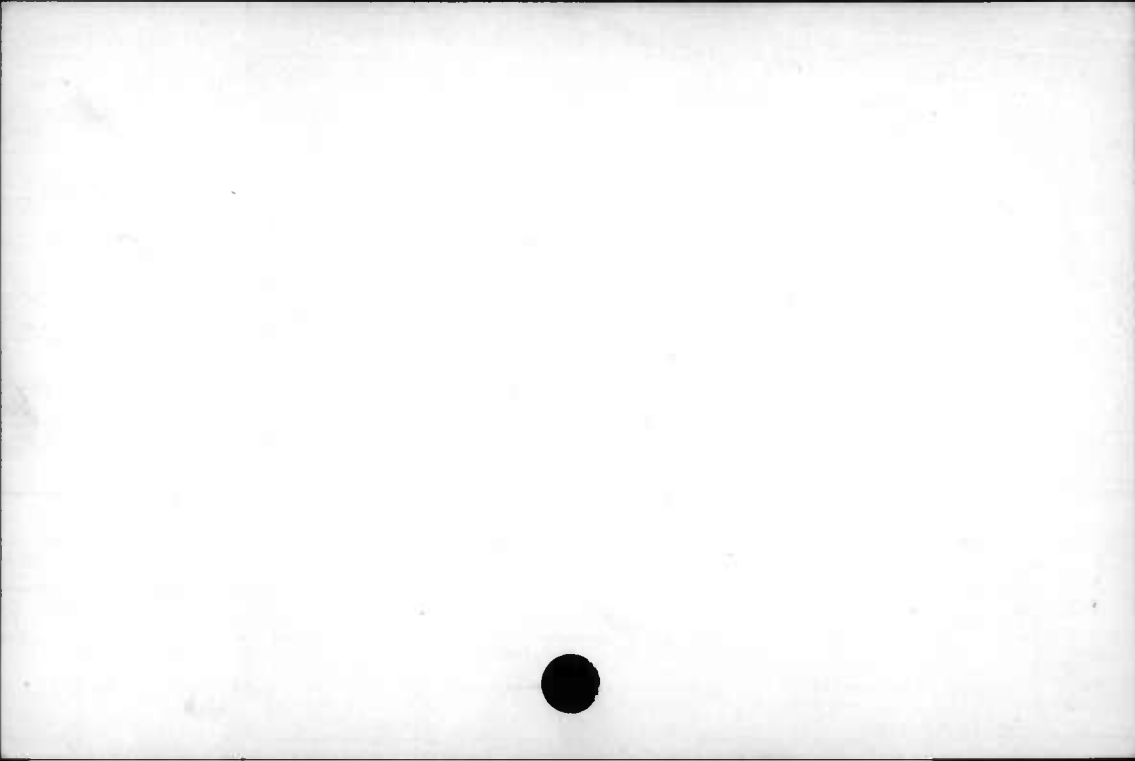
Died at <i>Bladensburg</i> Town		<i>Prince George</i> County		MARYLAND		
Date of death <i>1907</i>	Month <i>Feb</i>	Day <i>6</i>	Age <i>—</i>	Years <i>—</i>	Months <i>one</i>	Days <i>seven</i>
Sex <i>Female</i>	Color or Race <i>Colored</i>		Birth-place <i>Bladensburg</i>			
Occupation <i>Infant</i>			Where Residing if not at place of death <i>—</i>			
<input checked="" type="checkbox"/> Married, Single or Widowed			Name of Wife or Husband <i>—</i>			
Father's Name <i>B. A. McDonald</i>			Father's Birthplace <i>Ta</i>			
Mother's Maiden Name <i>Mary Holland</i>			Mother's Birthplace <i>Ms</i>			
Name of person giving information <i>Father (B A McDonald)</i>			How related to deceased <i>Father</i>			

CAUSES OF DEATH

151

PHYSICIAN
OR CORONER

Primary <i>Premature birth</i>	How long <i>Since</i>
Immediate <i>Transition</i>	How long <i>Birth</i>
Are the name, age, sex, color, date and place correctly given above? <i>yes</i>	Signature of Physician <i>C. W. Birdwell</i>
	Address <i>Hyattsville Ms</i>
Accident or Suicide?	



Name
in
Full

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Thalmer McDonald
Died at ^{Town} Near Bladensburg ^{County} Prince George's County MARYLAND

Date of death 1907 ^{Month} Feb ^{Day} 12 ^{Age} Years ^{Months} 1 ^{Days} 14

Sex Male Color or Race Black Birth-place Md

Occupation Infant - Where Residing if not at place of death

~~Married~~ Single Name of Wife or Husband

Father's Name B. A. McDonald Father's Birth-place Va

Mother's Maiden Name Mammie Halland Mother's Birth-place Md

Name of person giving information Father (B. A. McDonald) How related to deceased Father

CAUSES OF DEATH

PHYSICIAN
OR CORONER

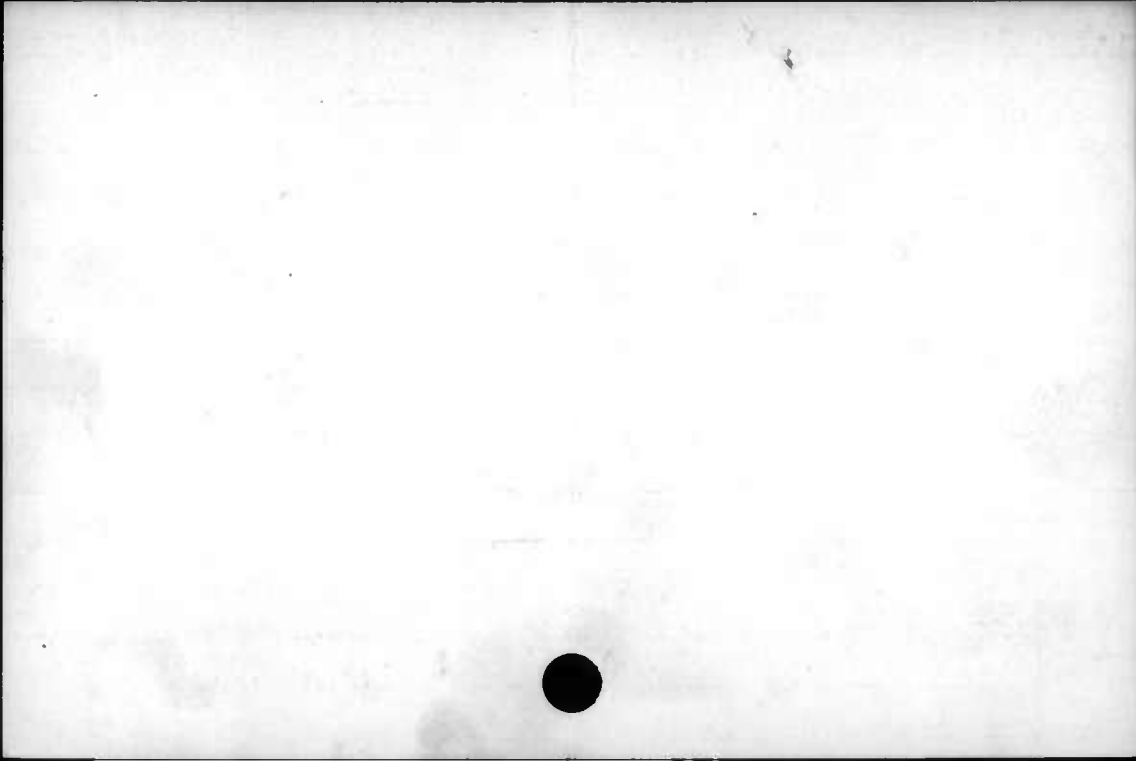
Primary Drowning (151) How long Since birth

Immediate Exhaustion How long

Are the name, age, sex, color, date and place correctly given above? About - Signature of Physician Ch. Birdsell M.D.

Address Hyattsville Md

Accident or Suicide?



Name
in
Full

Henrietta Middleton

CERTIFICATE OF DEATH

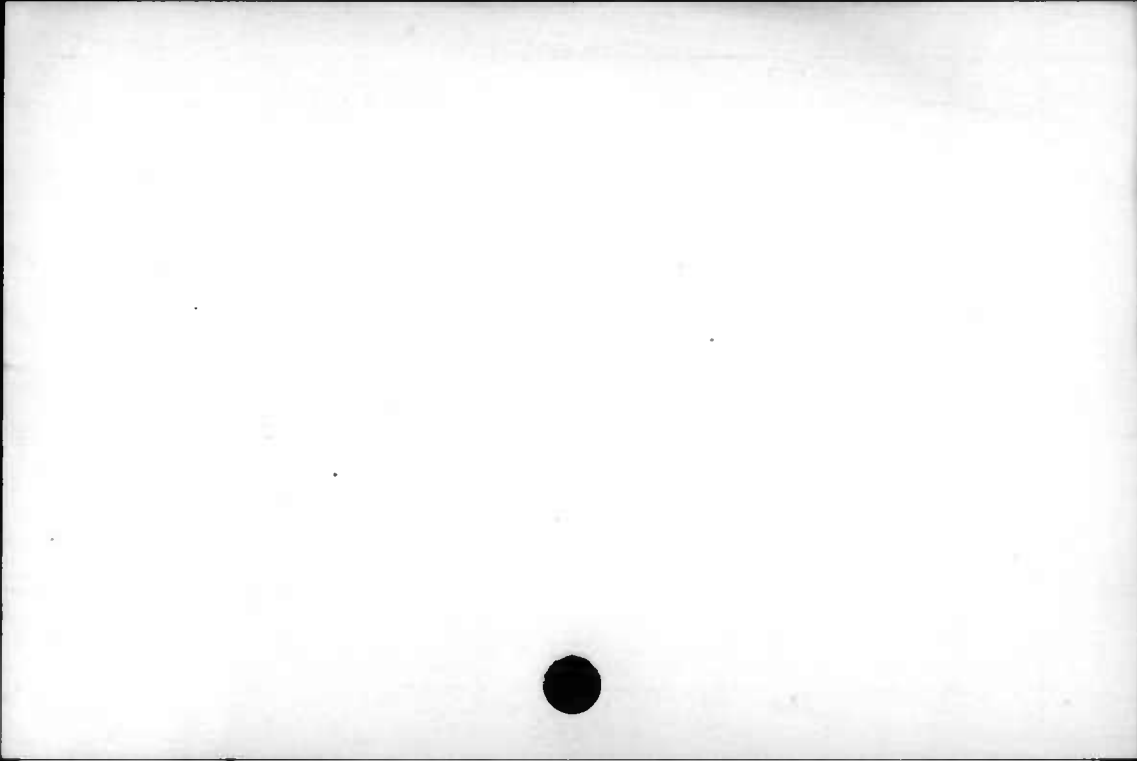
TO BE ANSWERED BY
NEAREST FRIEND

Died at ^{Town} Nottingham		^{County} Prince George		MARYLAND	
Date of death 1907 February		Day 2nd	Years 44	Months	Days
Sex Female	Color or Race Colored		Birth-place St. Mary's Co.		
Occupation Housewife		Where Residing if not at place of death			
Married, Single or Widowed Married	Name of Wife or Husband George Middleton.				
Father's Name Don't know		Father's Birthplace			
Mother's Maiden Name Don't know		Mother's Birthplace			
Name of person giving information George Middleton		How related to deceased		Husband	

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary	Bright's disease	How long	4 years.
Immediate		How long	
Are the name, age, sex, color, date and place correctly given above? Yes		Signature of Physician W. H. Sibbons, M.D.	
		Address Croom, Md.	
Accident or Suicide?			



Name
in
Full

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Annie E. Miller

Town *Chillum* County *Prince George* MARYLAND

Died at *Chillum*

Date of death 1907 Month *Feb.* Day *11* Age Years Months Days *2*

Sex *F* Color or Race *white* Birth-place *Chillum*

~~Married Single~~ or ~~Widowed~~ Occupation *None*

Name of Wife or Husband

Father's Name *John A. Miller* Father's Birthplace *D.C.*

Mother's Maiden Name *Mary S. Sommerman* Mother's Birthplace *D.C.*

Name of person giving information *John A. Miller* How related to deceased *Father*

CAUSES OF DEATH

151

PHYSICIAN
OR CORONER

Primary *Premature birth* How long

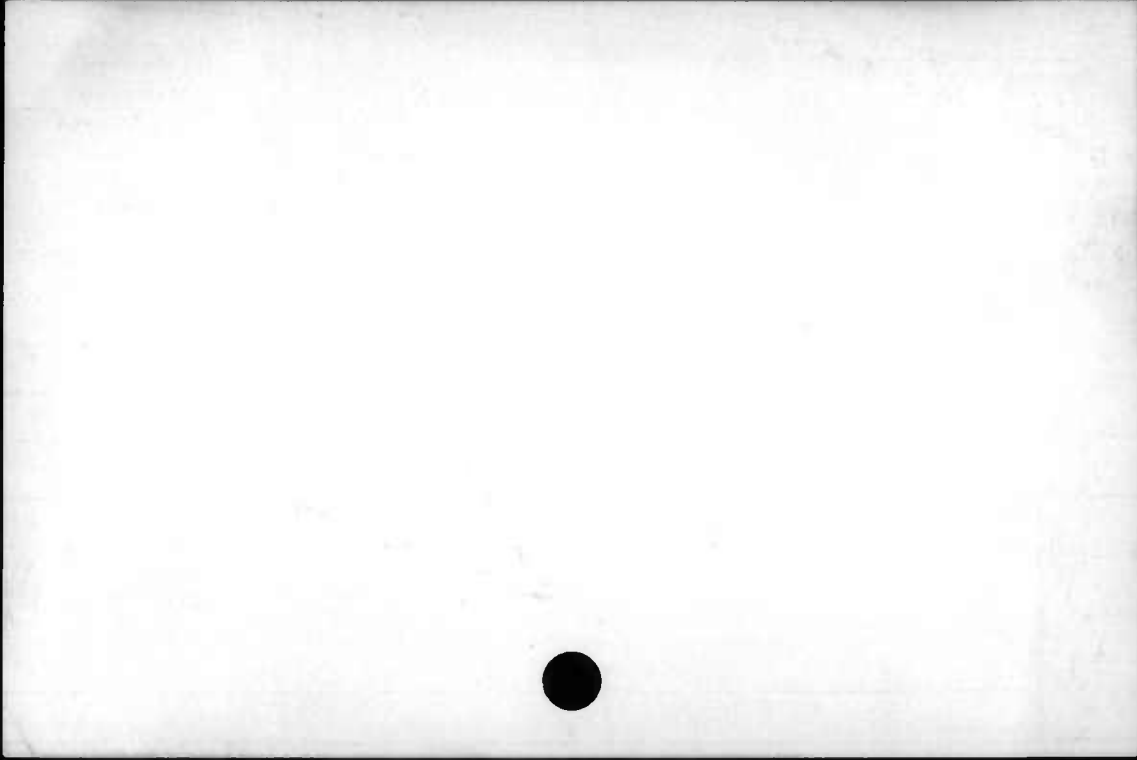
Immediate *marasmus* How long

Are the name, age, sex, color, date and place correctly given above?

Signature of Physician *Alfred J. Parsons*

Address *National Park, D.C.*

Accident or Suicide?



Name
in
FullTO BE ANSWERED BY
NEAREST FRIENDPHYSICIAN
OR CORONER

CERTIFICATE OF DEATH

MARYLAND

Died at *Riverdale* Town *Pr Geo* CountyDate of death *1907* Month *Feb* Day *19* Age *46* Years Months *0* Days *2*Sex *Male* Color or Race *White* Birth-place *Wash. D.C.*Occupation *Brick Mason* Where Residing if not at place of death *Riverdale*Married, Single or Widowed *Single* Name of Wife or HusbandFather's Name *James William Norton*Father's Birthplace *Wash D.C.*Mother's Maiden Name *Isabella Harper*Mother's Birthplace *Mass.*Name of person giving information *Mrs. Ella R. Risdon*How related to deceased *Sister*

CAUSES OF DEATH

Primary *Tuberculosis*How long *2 yrs.*Immediate *Exhaustion*How long *5 days.*Are the name, age, sex, color, date and place correctly given above? *Yes*

Signature of Physician

Address

*R. A. Bennett M.D.**Riverdale Md.**Box 35*

Accident or Suicide?



Name
in
Full

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Died at		Town		County		MARYLAND	
Date of death		Month	Day	Age	Years	Months	Days
1907		2	11	63			
Sex	Male		Color or Race	White		Birth-place	Va.
Occupation	Fruit grower		Where Residing if not at place of death				
Married, Single or Widowed	Married		Name of Wife or Husband				
Jane							
Father's Name	Chapman Pennock					Father's Birthplace	Va.
Mother's Maiden Name	Unknown					Mother's Birthplace	Unknown
Name of person giving information	Joseph A. Pennock					How related to deceased	Son

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary	Apoplexy		How long	64	3 days
Immediate			How long		
Are the name, age, sex, color, date and place correctly given above?		Yes			
Signature of Physician		E. L. Smith			
Address		Pinebluff			
Accident or Suicide?					



Name
in
Full

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Susanna Jane Pennell

Town *Piscataway* County *Prince George* MARYLAND

Died at *Piscataway*

Date of death *1907* Month *2* Day *17* Age *108* Years Months *—* Days *—*

Sex *Female* Color or Race *White* Birth-place *Ind.*

Occupation *House-wife* Where Residing if not at place of death *—*

Married, Single or Widowed *Widow* Name of Wife or Husband *Joseph Pennell*

Father's Name *Judson Clements* Father's Birthplace *Ind.*

Mother's Maiden Name *W. P. Turner* Mother's Birthplace *Ind.*

Name of person giving information *Joseph D. Pennell* How related to deceased *Son*

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary *Grip* How long *10*

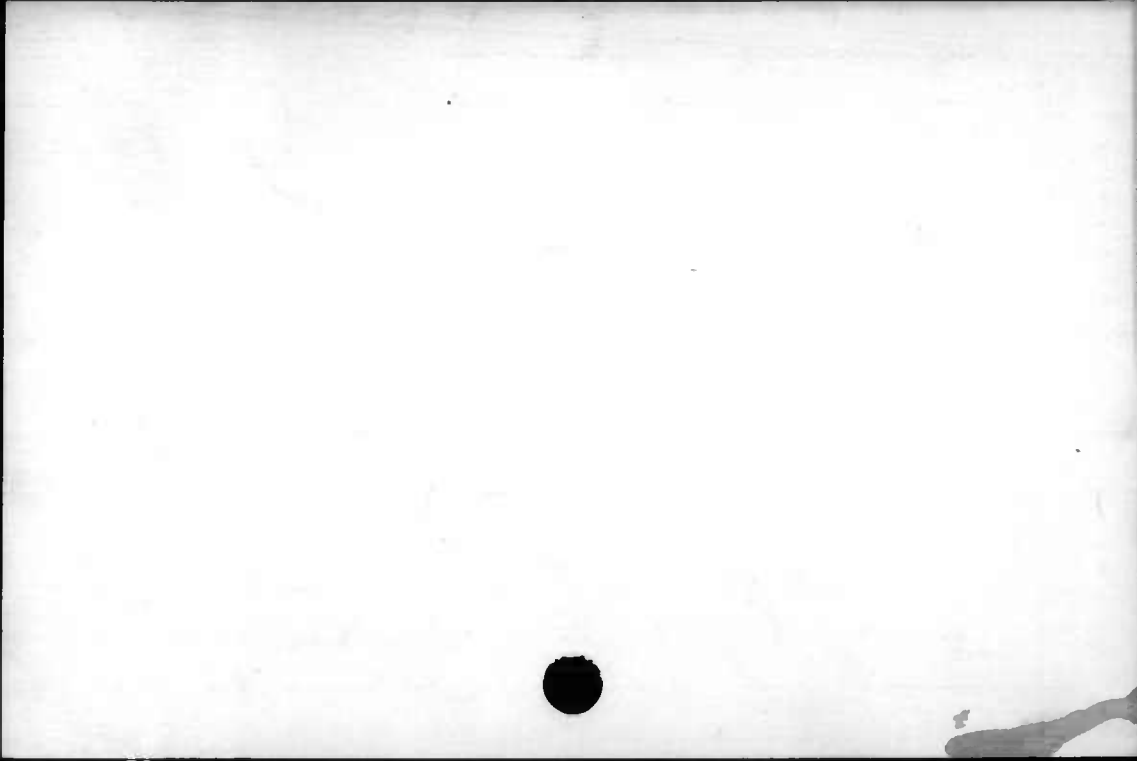
Immediate *Pneumonia* How long *2 days*

Are the name, age, sex, color, date and place correctly given above? *yes*

Signature of Physician *E. H. Smith*

Address *Piscataway Ind.*

Accident or Suicide? *—*



Name
in
Full

Brothy Jane Rutley

CERTIFICATE OF DEATH

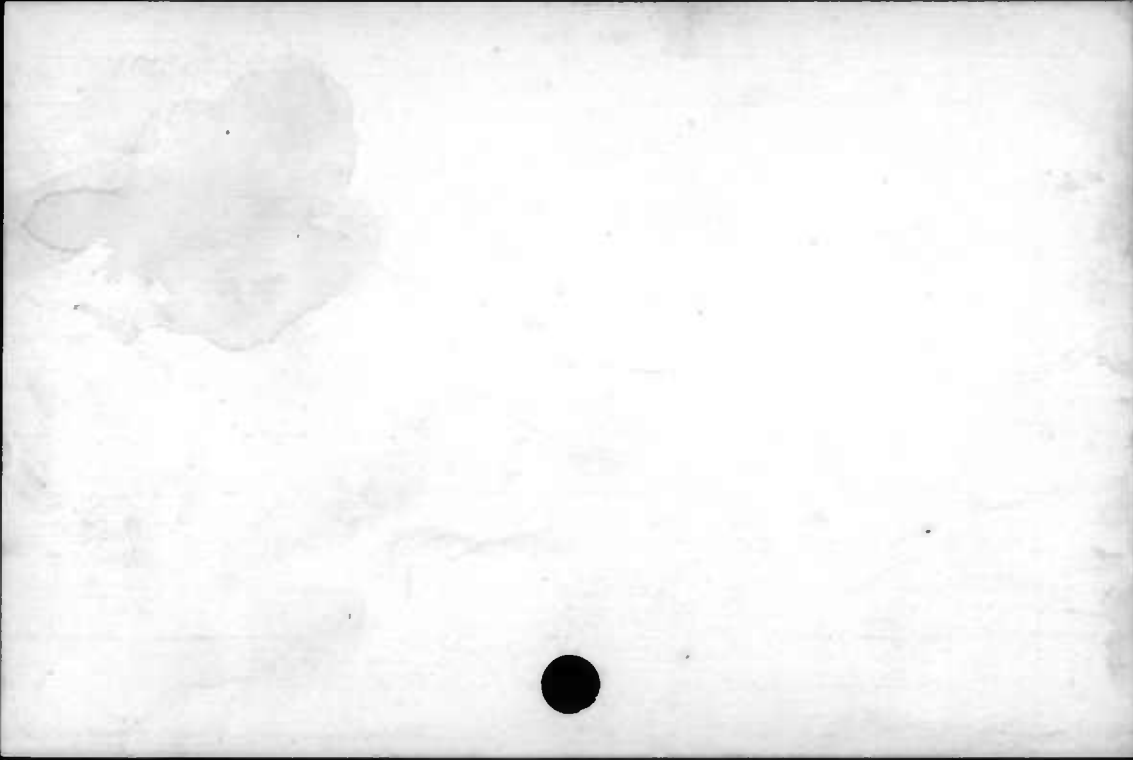
TO BE ANSWERED BY
NEAREST FRIEND

Died at		Town <i>Laurel</i>		County <i>Prince George's</i>		MARYLAND	
Date of death		1907	Month <i>Feb</i>	Day <i>4</i>	Age	Years <i>2</i>	Months <i>15</i>
Sex <i>Girl</i>		Color or Race <i>White</i>		Birth-place <i>Laurel, Md.</i>			
Occupation				Where Residing if not at place of death			
Married, Single or Widowed				Name of Wife or Husband			
Father's Name <i>Geo. H. Rutley</i>				Father's Birthplace <i>Hamilton, Can.</i>			
Mother's Maiden Name <i>William G. Rutley</i>				Mother's Birthplace <i>Belle, Md.</i>			
Name of person giving information <i>Geo. H. Rutley</i>				How related to deceased <i>Father</i>			

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary	<i>93</i>	How long
Immediate <i>Broncho Pneumonia</i>		How long <i>2 days</i>
Are the name, age, sex, color, date and place correctly given above? <i>yes</i>	Signature of Physician <i>Dr. Pyerley</i>	
	Address <i>Laurel, Md.</i>	
Accident or Suicide?		



Name
in
Full

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Name *Maggie Lacey*

Died at *C. Springs* Town *P.G.* County

Date of death *1907* Month *Feb* Day *10* Age *40* Years Months Days

Sex *Female* Color or Race *Black* Birth-place *Ind*

Occupation *Housework* Where Residing if not at place of death *Home*

Married *Single* or Widowed Name of Wife or Husband *Llewellyn Butts*

Father's Name *Unknown* Father's Birthplace *Ind*

Mother's Maiden Name *Unknown* Mother's Birthplace *Ind*

Name of person giving information *Llewellyn Butts* How related *Husband*

CAUSES OF DEATH

179

PHYSICIAN
OR CORONER

Primary *Unknown, had no* How long *12 hours*

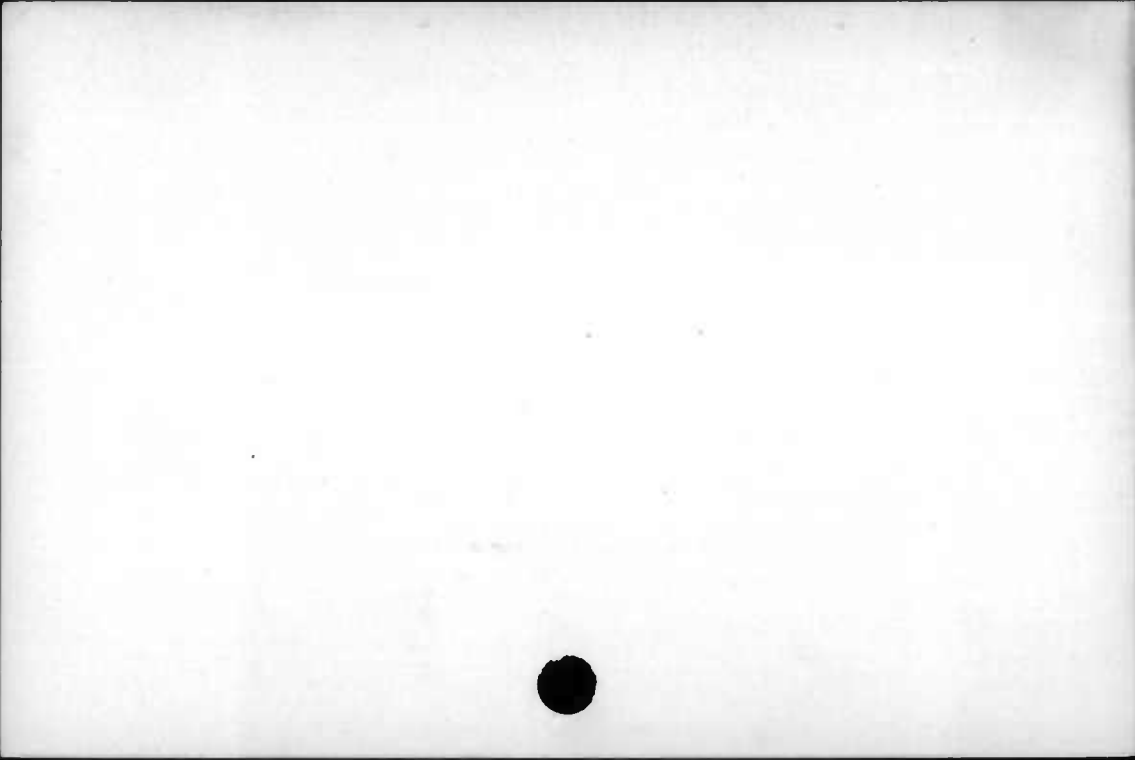
Immediate *—* How long

Are the name, age, sex, color, date and place correctly given above? *Yes*

Signature of Physician *J. L. Beamish*

Address *Clinton*

Accident or Suicide? *Ind*



Name
in
Full

Hattie Simms

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

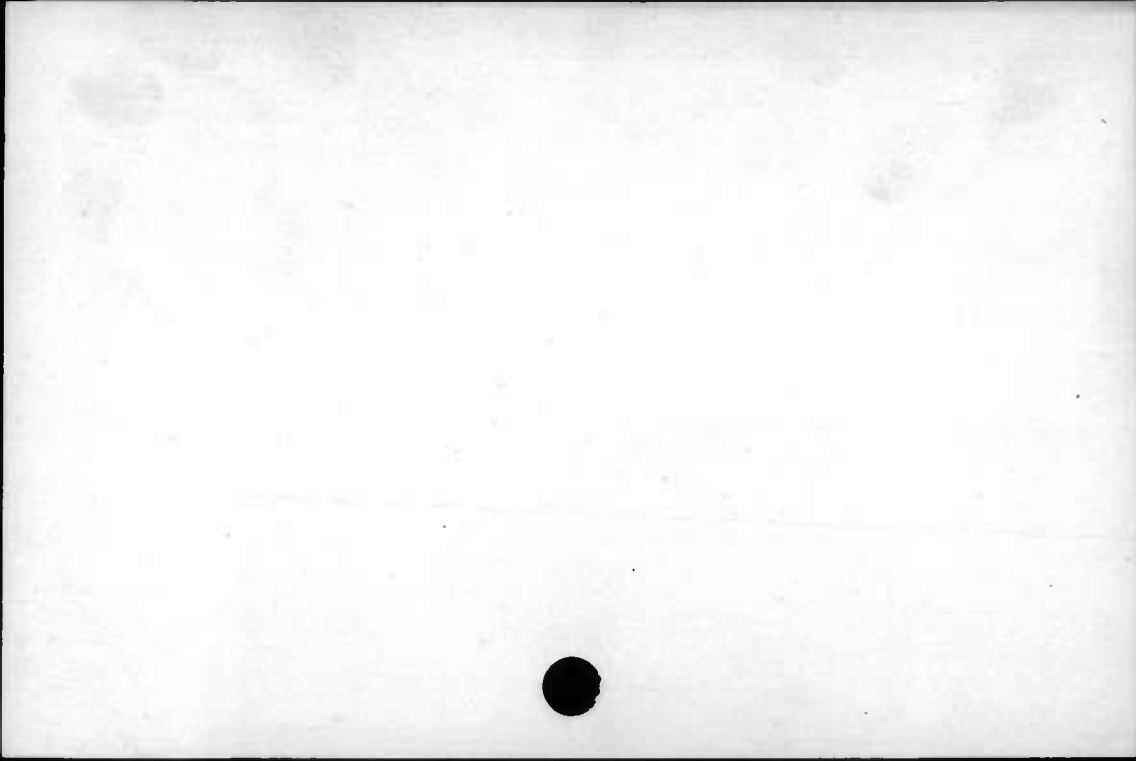
Died at <i>New Blatz</i>		County <i>Pr. Geo.</i>		MARYLAND	
Date of death <i>1907</i>	Month <i>2</i>	Day <i>9</i>	Years <i>19</i>	Months <i>—</i>	Days <i>—</i>
Sex <i>Female</i>	Color or Race <i>White</i>		Birth-place <i>Md.</i>		
Occupation <i>House</i>		Where Residing if not at place of death <i>—</i>			
Married, Yes or Widowed		Name of Wife or Husband <i>George Simms</i>			
Father's Name <i>Lemuel Willett</i>		Father's Birthplace <i>Md.</i>			
Mother's Maiden Name <i>Unknown</i>		Mother's Birthplace <i>Unknown</i>			
Name of person giving information <i>George Simms</i>		How related to deceased <i>Husband</i>			

CAUSES OF DEATH

27

PHYSICIAN
OR CORONER

Primary <i>Pulmonary Tuberculosis</i>	How long <i>1 yr</i>
Immediate <i>Heart-failure</i>	How long
Are the name, age, sex, color, date and place correctly given above? <i>Yes</i>	Signature of Physician <i>E. P. SIMPSON, M. D.</i>
	Address <i>ROSECROFT, PR: GEO: CO., MD:</i>
Accident or Suicide? <i>—</i>	



Name

in
Full

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Name *John Smith* Town *Willwood* County *P George* MARYLAND

Died at *Willwood* Date of death *1907* Month *2* Day *24* Age *24* Years Months Days

Sex *Male* Color or Race *Colored* Birth-place *md*

Occupation *None* Where Residing if not at place of death *—*

Married, Single or Widowed *Single* Name of Wife or Husband *—*

Father's Name *Sandy Smith* Father's Birthplace *md*

Mother's Maiden Name *Georgiana Jackson* Mother's Birthplace *md*

Name of person giving information *Quincy Adams* How related to deceased *None*

CAUSES OF DEATH

151

PHYSICIAN
OR CORONER

Primary *Sick since birth* How long *2 days*

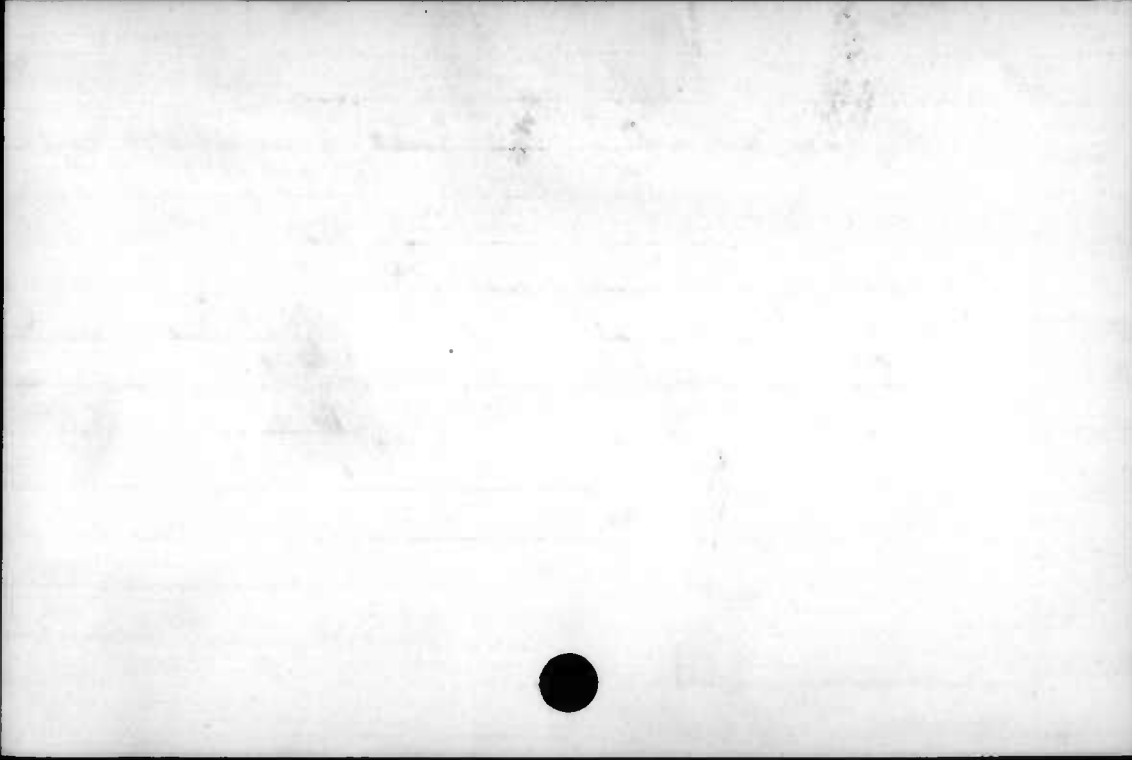
Immediate *No physician in attendance* How long

Are the name, age, sex, color, date and place correctly given above? *yes*

Signature of Physician *John E. Lawrence M.D.*

Address *Forestville Md.*

Accident or Suicide?



Name
in
Full

Albert Stewart

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

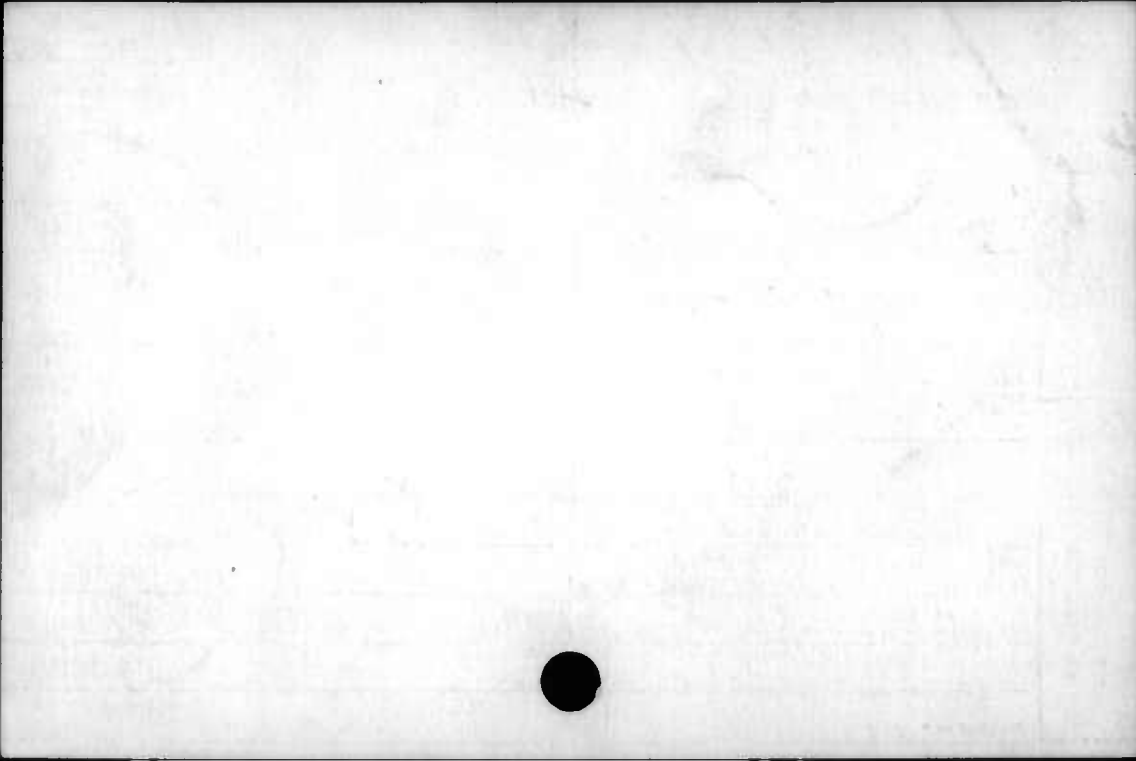
Died at <i>Lakeland</i> <small>Town</small>		<i>County Prince Geo.</i> <small>County</small>		<i>MARYLAND</i>	
Date of death <i>1907 Feb</i> <small>Month</small>		<i>Sunday</i> <small>Day</small>	<i>28</i> <small>Years</small>	<i>9</i> <small>Months</small>	<i>5</i> <small>Days</small>
Sex <i>Male</i>	Color or Race <i>Caucasian</i>	Birth-place <i>Howard Co Md</i>			
Occupation <i>Laborer</i>	Where Residing if not at place of death <i>father</i>				
Married, Single or Widowed <i>married</i>	Name of Wife or Husband <i>Agnes Stewart</i>				
Father's Name <i>Samuel Stewart</i>	Father's Birthplace <i>Prince George Co</i>		Mother's Birthplace <i>Howard Co Md</i>		
Mother's Maiden Name <i>Gertrude Rollins</i>	How related to deceased <i>Sister</i>				
Name of person giving information <i>M. E. Bailey</i>					

CAUSES OF DEATH

119

PHYSICIAN
OR CORONER

Primary <i>Acute Bright's Disease</i>	How long <i>Not determined</i>
Immediate <i>Paralysis of Heart</i>	How long <i>moments</i>
Are the name, age, sex, color, date and place correctly given above? <i>Yes</i>	Signature of Physician <i>R. B. Johnston M.D.</i>
<i>C. P. Vanvelkenburg</i>	Address <i>called after death & came turned over to Coroner.</i>
Accident or Suicide? <i>No</i>	<i>Benjamin M.D.</i>



Name
in
Full

CERTIFICATE OF DEATH

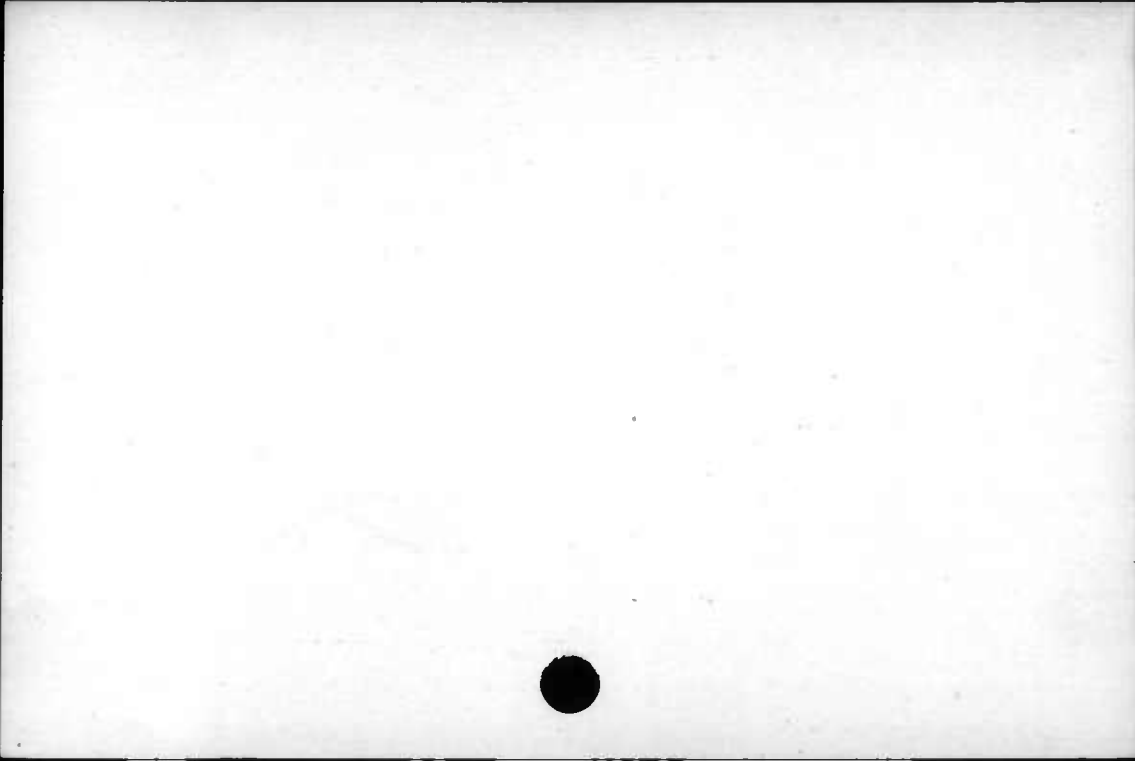
TO BE ANSWERED BY
NEAREST FRIEND

Name <i>Harris Anne Stewart</i>				Town <i>Broome Sta</i>		County <i>P. H.</i>		MARYLAND	
Died at		Date of death <i>1907</i>		Month <i>2</i>		Day <i>13</i>		Age <i>68</i>	
Sex <i>Female</i>		Color or Race <i>Colored</i>		Birth-place <i>Md</i>		Months		Days	
Occupation <i>Housewife</i>				Where Residing if not at place of death					
Married, Single or Widowed				Name of Wife or Husband <i>Unknown</i>					
Father's Name <i>Stephen Thomas</i>				Father's Birthplace <i>Md.</i>					
Mother's Maiden Name <i>Unknown</i>				Mother's Birthplace <i>Unknown</i>					
Name of person giving information <i>Geo W Hamilton</i>				How related to deceased <i>Son in law</i>					

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary <i>Cancer of Stomach</i>		How long <i>18 mos.</i>	
Immediate <i>Exhaustion</i>		How long	
Are the name, age, sex, color, date and place correctly given above?		Signature of Physician <i>Reverdy Lasseer</i>	
		Address <i>Marlboro Md</i>	
Accident or Suicide?			



Name
in
Full

Margaret Swain

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIENDDied at ^{Town} Chestertown ^{County} Pr Geo

MARYLAND

Date of death 1907 ^{Month} Feb ^{Day} 19 ^{Years} Age 78

Months

Days

Sex Female

Color or
Race

white

Birth-
place

Va

Occupation

House woman

Where Residing if not
at place of deathMarried, Single
or Widowed

Single

Name of Wife or
Husband

—

Father's
Name

Unknown

Father's
Birthplace

Unknown

Mother's
Maiden Name

Unknown

Mother's
Birthplace

Unknown

Name of person giving
In formation

Geo R Ellis

How related
to deceased

None

CAUSES OF DEATH

Primary

La Grippe

How long

10 weeks

Immediate

How long

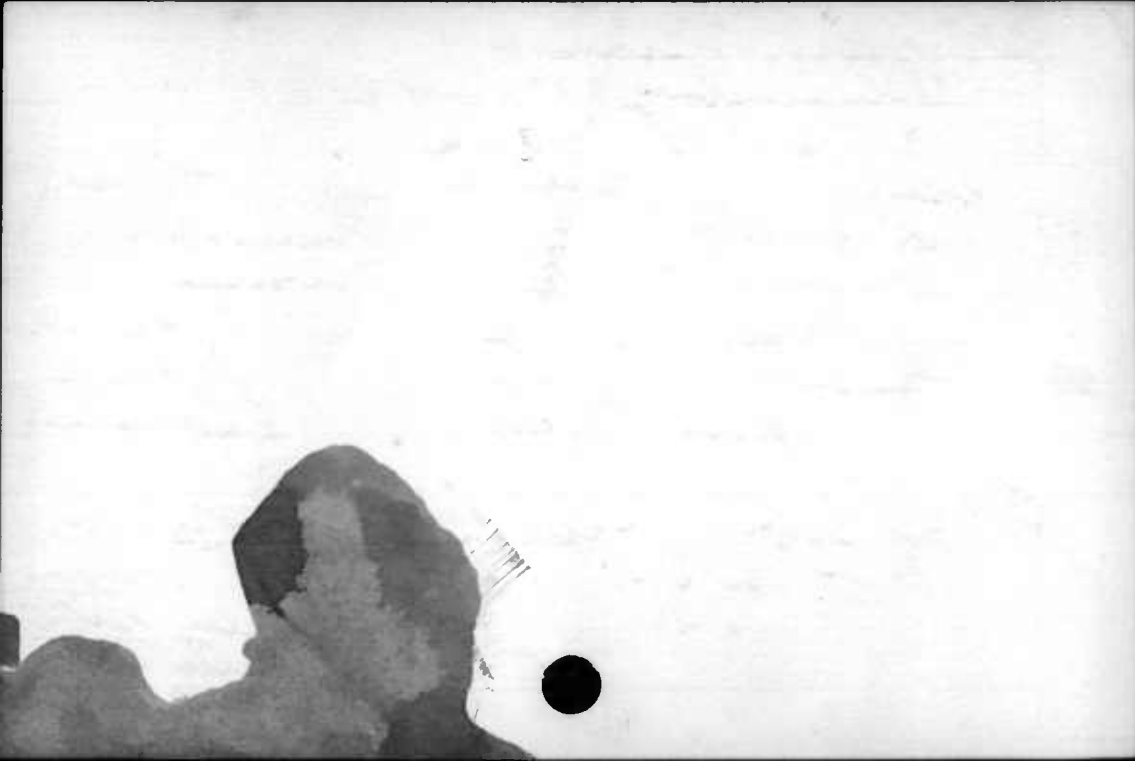
Are the name, age, sex, color, date
and place correctly given above?Signature of
Physician

Address

W. H. Gibbons
Crown Mt

Accident or Suicide?

PHYSICIAN
OR CORONER



Name
in
Full

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Died at		Town		County		State	
Hudensbury		Pr		Hes		MARYLAND	
Date of death	1907	Month	Feb	Day	18	Years	26
Sex	Male	Color or Race	Colored	Birth-place	Pr Hes Co.		
Occupation	Laborer			Where Residing if not at place of death			
Married, Single or Widowed		Married		Name of Wife or Husband			
Patsie Thomas							
Father's Name	Joseph Thomas			Father's Birthplace			
Pr Hes Co.							
Mother's Maiden Name	Mary Thomas			Mother's Birthplace			
Pr Hes Co.							
Name of person giving information	John Thomas			How related to deceased			
first cousin							

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary	Typhoid fever		How long	6 weeks.
Immediate	Septic		How long	4 weeks.
Are the name, age, sex, color, date and place correctly given above?		yes		
Signature of Physician		W. W. Willis M.D.		
Address		Tazewell Ind.		
Accident or Suicide?		no		



Name
in
Full

Sophie Wahl.

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Died at		Town Laurel		County Pr. Ges. Co.		MARYLAND	
Date of death	1907	Month 2	Day 18 th	Age 41	Years	Months	Days
Sex	Female		Color or Race	White.		Birth- place	Nashville Tenn.
Occupation	Housewife		Where Residing if not at place of death		Laurel, Md.		
Married, Single or Widowed	Married		Name of wife or Husband		J. Wahl.		
Father's Name	Mr. Eberhart				Father's Birthplace	Germany	
Mother's Maiden Name	Josephine Beneky				Mother's Birthplace	German.	
Name of person giving In formation	J. Wahl.				How related to deceased	Husband.	

CAUSES OF DEATH

27

PHYSICIAN
OR CORONER

Primary	Pulmonary Tuberculosis	How long	2 years
Immediate	Pulmonary Hemorrhage	How long	2 hours
Are the name, age, sex, color, date and place correctly given above?		y/s	
Signature of Physician		J. R. Smith M.D.	
Address		Laurel, Md.	
Accident or Suicide?			



Name
in
Full

Charles Edgar White.

CERTIFICATE OF DEATH

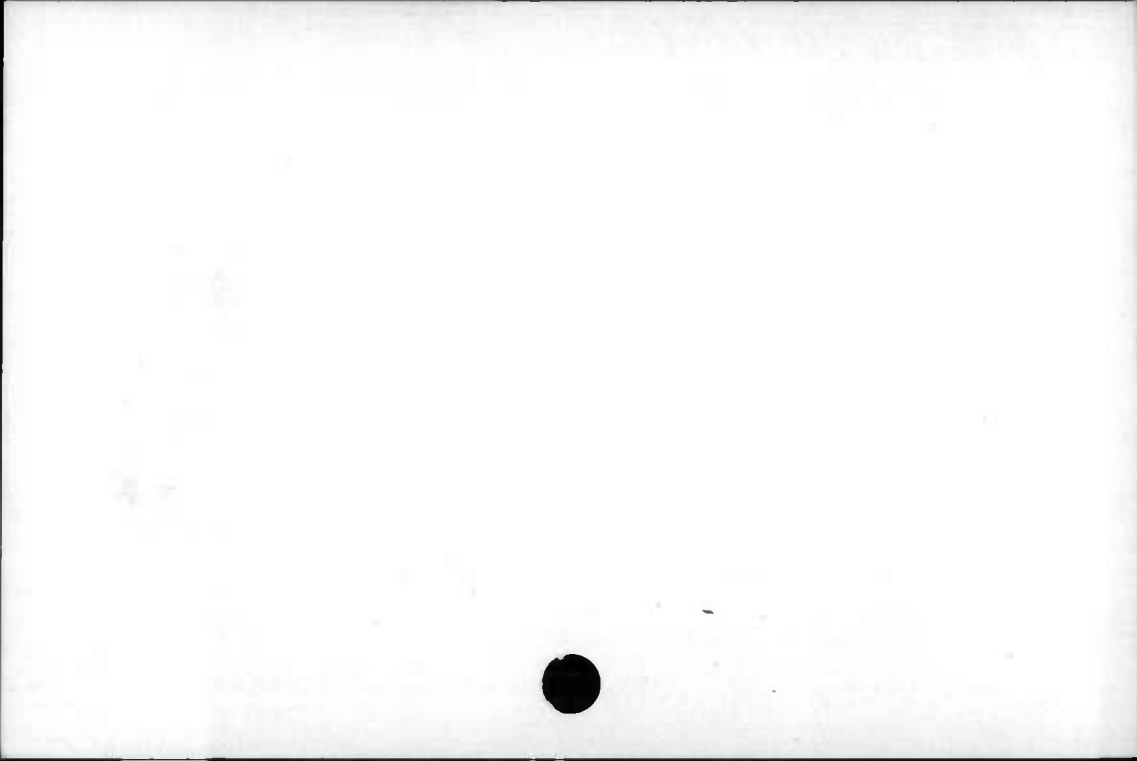
TO BE ANSWERED BY
NEAREST FRIEND

Died at <u>Piscataway</u> ^{Town}		<u>P. G.</u> ^{County}		Ced		MARYLAND	
Date of death <u>1907</u> ^{Month}		<u>Feb.</u> ^{Day}		<u>26</u> ^{Years}		<u>0</u> ^{Months}	
Age <u>—</u>		Sex <u>Male</u>		Color or Race <u>Colored</u>		Birth-place <u>Ind.</u>	
Occupation <u>None</u>				Where Residing if not at place of death <u>—</u>			
Married, Single or Widowed <u>Single</u>		Name of Wife or Husband <u>—</u>					
Father's Name <u>Lincoln Peter White.</u>		Father's Birthplace <u>Ind.</u>					
Mother's Maiden Name <u>Elizabeth Spencer.</u>		Mother's Birthplace <u>Ind.</u>					
Name of person giving information				How related to deceased			

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary	<u>Inanition</u> — <u>(179)</u>	How long	<u>since birth</u>
Immediate	<u>—</u>	How long	<u>—</u>
Are the name, age, sex, color, date and place correctly given above? <u>yes</u>		Signature of Physician <u>E. D. Harrell M.D.</u>	
		Address <u>Piscataway Ind.</u>	
Accident or Suicide? <u>neither</u>			



Name
in
Full

Vincent M. Wilfong

CERTIFICATE OF DEATH

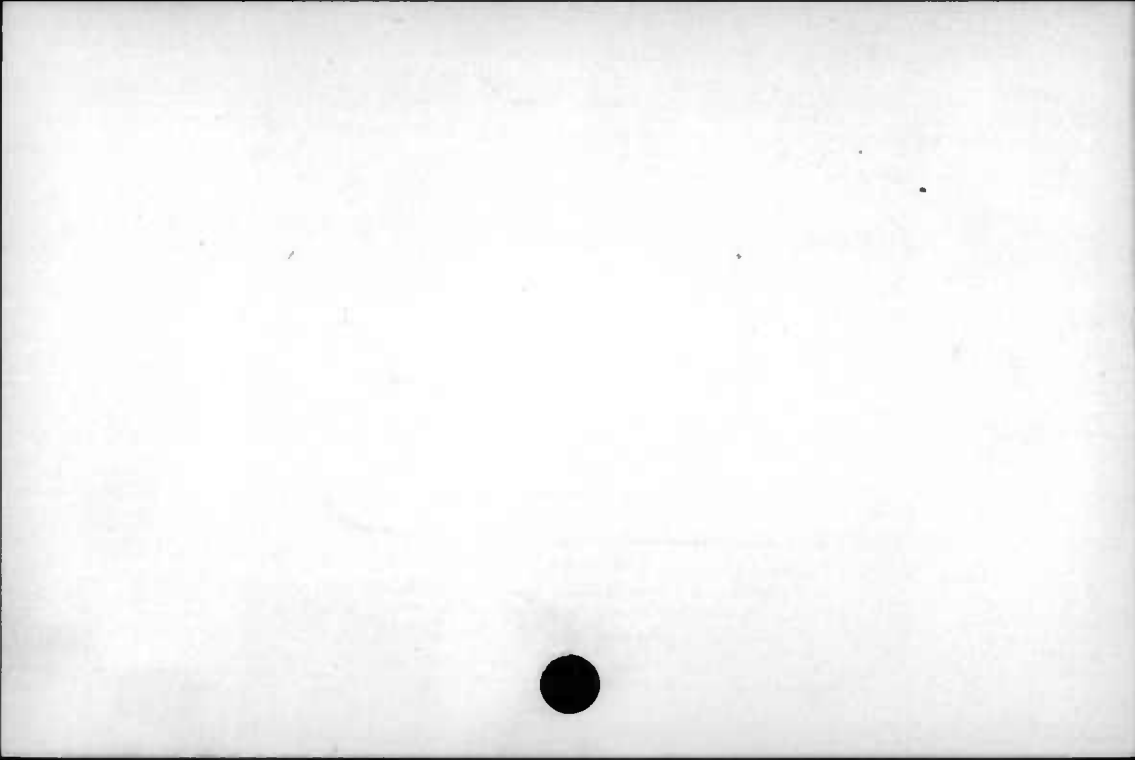
TO BE ANSWERED BY
NEAREST FRIEND

Died at <i>near Upper Marlboro</i>		Town <i>Pr. Geo.</i>		County		MARYLAND	
Date of death	1907	Month	July	Day	20	Age	63.
Sex <i>Male</i>		Color or Race <i>White</i>		Birth-place <i>near Philadelphia, Pa.</i>		Months	2
Occupation <i>Farmer</i>		Where Residing if not at place of death				Days	9
Married, Single or Widowed	<i>Married</i>		Name of Wife & Husband	<i>Mary P. Wilfong</i>			
Father's Name	<i>Samuel Wilfong</i>		Father's Birthplace	<i>Unknown</i>			
Mother's Maiden Name	<i>Unknown</i>		Mother's Birthplace	<i>Unknown</i>			
Name of person giving information	<i>Harry V. Wilfong</i>		How related to deceased	<i>Son</i>			

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary	<i>Grippe + Pneumonia both lungs</i>	How long	<i>10 dys</i>
Immediate	<i>Heart Complication</i>	How long	<i>2 dys</i>
Are the name, age, sex, color, date and place correctly given above?	<i>Yes</i>	Signature of Physician	<i>L. A. Griffith</i>
		Address	<i>upper Marlboro. Md</i>
Accident or Suicide?			



Name
in
Full

Kasslers, Blanch, Beatrice Willett

CERTIFICATE OF DEATH

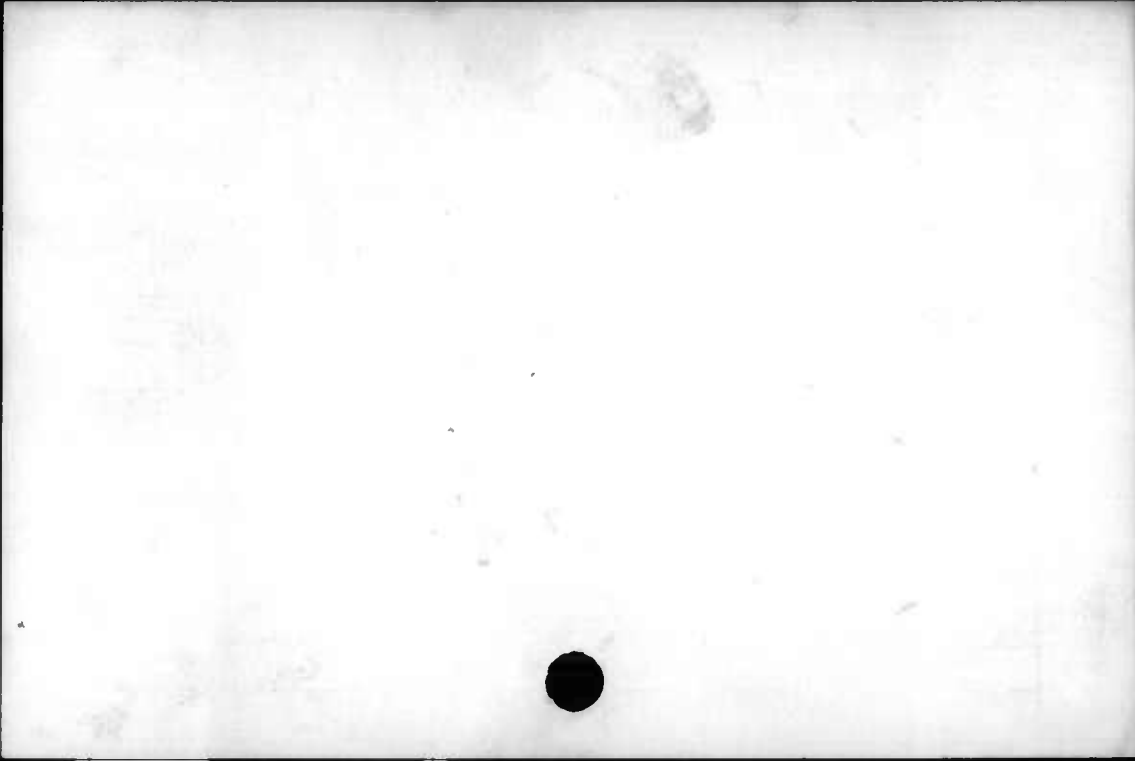
TO BE ANSWERED BY
NEAREST FRIEND

Died at <u>New Glatz</u> ^{Town}		<u>Br. Geo</u> ^{County}		MARYLAND	
Date of death 90	Month <u>2</u>	Day <u>6</u>	Age <u>—</u>	Years <u>—</u>	Months <u>—</u>
Sex <u>Female</u>		Color or Race <u>White</u>		Birth-place <u>Md.</u>	
Occupation <u>None</u>		Where Residing if not at place of death <u>—</u>			
Married, Single or Widowed		Name of Wife or Husband <u>—</u>			
Father's Name <u>George Simms</u>		Father's Birthplace <u>—</u>			
Mother's Maiden Name <u>Hattie Willett</u>		Mother's Birthplace <u>Md.</u>			
Name of person giving information <u>George Simms</u>		How related to deceased <u>Father</u>			

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary <u>Inanition</u>	How long <u>3 weeks</u>
Immediate <u>Exhaustion</u>	How long <u>—</u>
Are the name, age, sex, color, date and place correctly given above? <u>Yes</u>	Signature of Physician <u>E. P. SIMPSON, M.D.</u>
	Address <u>ROSECROFT,</u>
	PR: GEO. CO., MD.
Accident or Suicide? <u>—</u>	



Name
in
Full

Lemuel W. Willett

CERTIFICATE OF DEATH

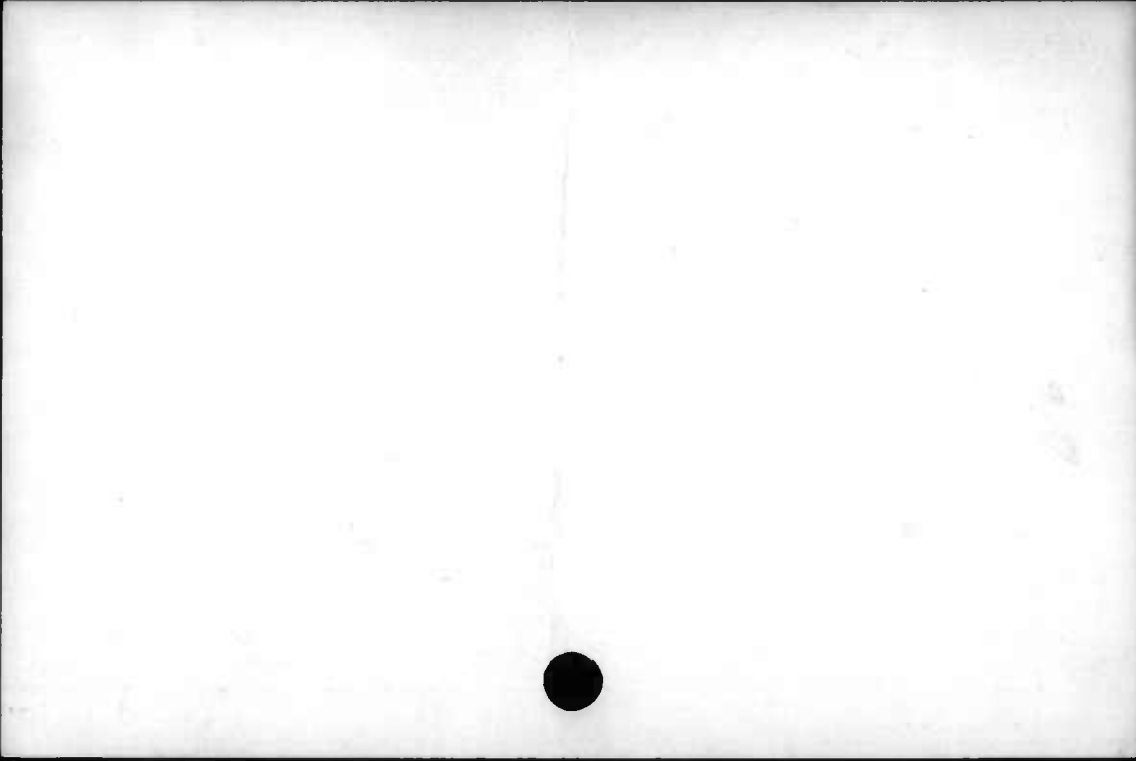
TO BE ANSWERED BY
NEAREST FRIEND

Died at <i>New Clats</i> ^{Town}		<i>Pr Geo.</i> ^{County}		MARYLAND	
Date of death <i>1907</i>	Month <i>2</i>	Day <i>18</i>	Age <i>47</i> ^{Years}	Months <i>-</i>	Days <i>-</i>
Sex <i>male</i>	Color or Race <i>White</i>		Birth-place <i>Mo.</i>		
Occupation <i>Farm Labor</i>			Where Residing if not at place of death <i>-</i>		
Married, Single or Widowed <i>Single</i>		Name of Wife or Husband <i>Ella Willett</i>			
Father's Name <i>Unknown</i>			Father's Birthplace <i>Unknown</i>		
Mother's Maiden Name <i>Unknown</i>			Mother's Birthplace <i>Unknown</i>		
Name of person giving information <i>James Monroe</i>			How related to deceased <i>Employer</i>		

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary <i>Pulmonary Tuberculosis</i>	How long <i>6 mo's</i>
Immediate <i>Exhaustion</i>	How long <i>-</i>
Are the name, age, sex, color, date and place correctly given above? <i>Yes</i>	Signature of Physician <i>E. P. SHAPSON, M.D.</i>
	Address <i>ROSECROFT, PR: GEO: CO., MD:</i>
Accident or Suicide? <i>-</i>	



Name
in
Full

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Died at

George Haywood: Nihon
Bright Seat P. George

County

MARYLAND

Date

of death 1907

Month

Feb.

Day

21

Age

Years

Months

6

Days

13

Sex

Male

Color or
Race

White

Birth-
place

Ind

Occupation

Infant

Where Residing if not
at place of death

—

Married, Single
or WidowedName of Wife or
Husband

—

Father's
Name

J. Percy Nihon

Father's
Birthplace

Ind

Mother's
Maiden Name

Wallis

Mother's
Birthplace

Ind

Name of person giving
In formation

J. P. Nihon

How related
to deceased

Father

CAUSES OF DEATH

Primary

Coronary

(71)

How long

2 days

Immediate

Exhaustion

How long

12 hours

Are the name, age, sex, color, date
and place correctly given above?

yes

Signature of
Physician

L. S. Savage

Address

Birmingham, D.C.

Accident or Suicide?

If wanted telephone from
Wincent's Stables to 10-F^r
or call at office
Bladensburg
Md.

Name
in
Full

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Was not christened *Wesman*

Died at *Bladensburg* ^{Town} *Prince Geo.* ^{County} **MARYLAND**

Date of death **1907** ^{Month} *Feb'y* ^{Day} *8* Age ^{Years} *12* ^{Months} *12* ^{Days}

Sex *Male* Color or Race *white* Birth-place *MD*

Occupation *None* Where Residing if not at place of death *—*

~~Married, Single~~ ~~or Widowed~~ Name of Wife or Husband *—*

Father's Name *George Wesman* Father's Birthplace *MD*

Mother's Maiden Name *Mable Cratty* Mother's Birthplace *MD*

Name of person giving information *George Wesman* How related to deceased *Father*

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary *Marasmus* *(151)* How long *8 days*

Immediate

Are the name, age, sex, color, date and place correctly given above? *Yes*

Signature of Physician *Wm. W. Harrison* Address *Hyattsville MD*

Accident or Suicide? *Neither*

